

Virginia Department of Veterans Services

**Veterans Education Training and Employment
State Approving Agency**

Certifying Officials' Handbook On-the-Job-Training & Apprenticeship Programs



"GI Bill®" is a registered trademark of the U.S. Department of Veterans Affairs (VA).
More information about education benefits offered by VA is available at the official U.S.
government website at www.benefits.va.gov/gibill

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Virginia Department of Veteran Services
Veterans Education Training and Employment
State Approving Agency
101 North 14th Street, 17th Floor
Richmond, Virginia 23219

March 1, 2017

Dear Certifying Official:

Many veterans are reentering the work force after serving their country. Many of these veterans have earned educational benefits while serving and can utilize them as a trainee at your company.

Veterans Education Training and Employment (VETE) and its Virginia Values Veterans (V3) program recognize that veterans are a valuable asset to Virginia's workforce. Veterans have developed qualities such as discipline, reliability, maturity and goal-oriented attitudes. Due to changes in the Commonwealth's economy, many traditional blue collar trades are now joined in the workplace by emerging information technology, high tech positions and environmental remediation. These emerging industries are beginning to dominate Virginia's economy. Many of these new industries may be eligible for Virginia State Approving Agency (SAA) approval. If SAA approval is gained, both new as well as traditional trades can be used by your company to attract, hire and retain veterans; and while training, veterans can receive monthly education stipends that are tax free in addition to the wages you will be paying them.

The approval of your company to offer education and training to veterans serves as an incentive to attract highly qualified employees to your company. This is a profitable scenario for all stakeholders.

Thank you for your interest in serving our veterans and their families.

Sincerely,

Annie Walker, Director
Veterans Education Training and Employment

PREFACE

This Handbook is written for U.S. Department Veterans Affairs (DVA) Certifying Officials and anyone at a facility involved with certification of beneficiaries of DVA education benefits. This Handbook is a combination of the Virginia State Approving Agency Technical Assistance Handbook and the DVA School Certifying Official Handbook crafted specifically for On-the-Job Training and Apprenticeship Training programs.

Your facility has been approved to offer one or more programs to veterans and other eligible persons. The requirements that you met in order to receive approval must be maintained. The following information is being provided to assist you in managing the DVA training program.

NOTE: Throughout these guidelines the word "trainee" refers to the person(s) receiving benefits.

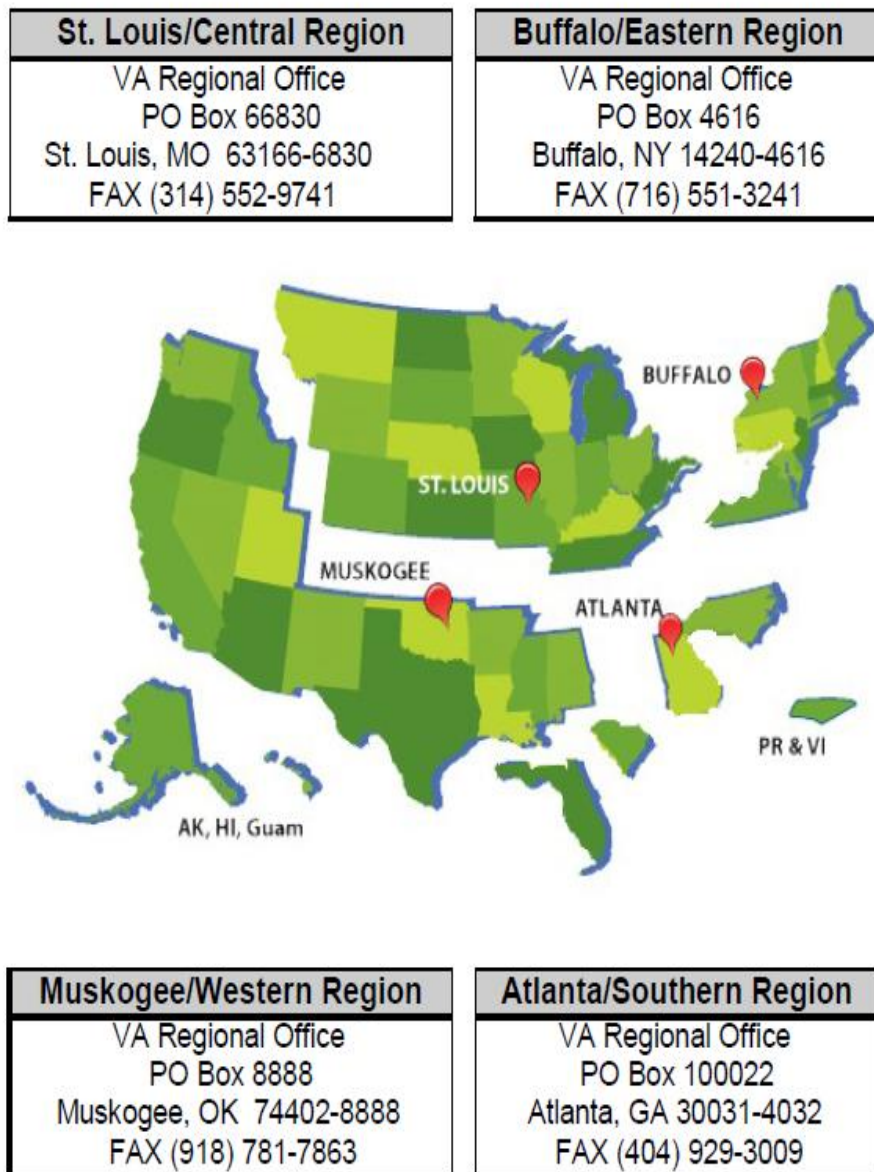
The word Certifying Official means any individual authorized to certify a veteran at a training establishment or school.

CONTACT INFORMATION

Regional Processing Offices

Map 1 represents Claims Processing Jurisdictions. All mail related to claims processing should be sent to the appropriate RPO as shown on the Claims Processing Map.

MAP 1



Contact Information for SAA and Resources

Main SAA	(804) 225-2298	saa@dvs.virginia.gov
Director Annie Walker	(804) 225-2721	Annie.Walker@dvs.virginia.gov
Assistant Director Martina Murray	(804) 225-2720	Martina.Murray@dvs.virginia.gov
Operations Manager Chris Mackey	(804) 786-6691	Chris.Mackey@dvs.virginia.gov
Operations Coordinator Manhattan Royal	(804) 482-8491	Manhattan.Royal@dvs.virginia.gov
Senior Regional Manager Tramaine Carroll-Payne	(804) 482-8481 (804) 248-1239	Tramaine.Carroll-Payne@dvs.virginia.gov
Regional Manager Bobbie Blakely	(804) 482-8490 (804) 310-0609	Bobbie.Blakely@dvs.virginia.gov
Regional Manager Patrice Jones	(804) 482-8494	Patrice.Jones@dvs.virginia.gov
Regional Manager Helen McClure	(804) 516-2975	Helen.McClure@dvs.virginia.gov
State Approving Agency Website		http://www.dvs.virginia.gov/education-employment/
Processing of OJT, Apprenticeship		Buffalo Regional Processing Office (RPO) P.O. Box 4616 Buffalo, NY 14240-4616 Fax: (716) 857-3296
School Certifying Official Hotline (School Certifying Officials Only)		1-855-225-1159
GI Bill Hotline		1-888-442-4551
Education Liaison Representative James Quesenberry		Department of Veterans Affairs Roanoke RPO 210 Franklin Rd., SW Roanoke, VA 24011 Office: 540-597-1689 Fax: 540-597-1794
GI Bill website		http://www.benefits.va.gov/gibill/
Apply for Education Benefits		https://www.ebenefits.va.gov

DVA Debt Management Center	1-800-827-0646
Direct Deposit Enrollment (trainees)	1-877-838-2778

School Certifying Official Hotline

Certifying Officials now have a direct line of communication to contact DVA for official inquiries on trainee issues. The toll free number for the Certifying Official hotline is **1-855-225-1159**. This line is staffed by Education Case Managers who have the expertise to answer and resolve most SCO questions. The hours of operation are 7:00am to 5:00pm (CST), Monday through Friday. **This number is for SCO's only.**

Call the toll-free line for:

- Hardship cases
- Status of claim questions
- Questions on individual trainee payment issues

Call your SAA for:

- Approval issues
- Certification questions

Education Call Center

The toll-free number for the Education Call Center is **1-888-442-4551**. The Call Center is in Muskogee, OK, and Education Case Managers are available 7:00am to 7:00pm (CST), Monday through Friday. The system's automated function can provide information about benefits, applications, etc., and is available 24 hours a day, 7 days a week. Individual veterans can access their own records to obtain date of last benefit payment, check amounts, etc. Please utilize the automated system as much as possible.

Internet Inquiries

What does the Internet Inquiry System do?

The Internet Inquiry System allows you to find answers to Frequently Asked Questions (FAQs) without calling the toll free number. The SEARCH FAQ feature, in the Support Section, allows you to find answers to questions by category. The inquiry system also allows users to ask DVA questions not in the "Answers" area. If the answer is not available, users can send an inquiry to DVA using the "Submit a Question" tab. It may be beneficial to search the FAQ's before submitting an inquiry.

How to register in the DVA inquiry system

Go to the “MyStuff” tab. Click on “Create a New Account”

- **Password:** Make up a strong password-something you can remember but not too easy
- **Verify Password:** Just type it again to make sure you have it right
- **First Name:** Your first name
- **Last Name:** Your last name
- **State:** The State where your facility is located. This is important because the questions are routed initially to the appropriate RPO based on this field
- **Social Security Number or Claim Number:** Just leave it blank or you can put in your facility code
- **Suffix:** Leave it blank
- **Phone Number:** Provide a phone number where you can be reached

On the GI Bill website, <http://www.benefits.va.gov/gibill> , click on the Submit a Question link. You will see a tab labeled “Ask a Question.”

Complete the page providing the following information:

- Email address
- Subject-“School Official “-This is important since DVA uses it to route this inquiry to someone who can set up your account
- Questions-Provide the name of your training establishment and the VA Facility Code
- Product-Select “GI Bill” from the drop-down menu
- Category-Select “School Official Only” from the drop-down menu

This information is important because DVA uses it to establish your account as a school official and some of the information gives your inquiries priority routing once they enter the DVA system.

How do I send an Inquiry?

Once you have registered, go to the “MyStuff” tab, enter your e-mail address and password and click login. Once you are logged in, click on “Ask a Question” and fill out the form. If you have a problem case where payment is due, enter “School Certifying Official Hardship Case” in the subject line. Your inquiry will be handled on a priority basis (24 to 48 hours). If you have a general inquiry such as delimiting date or remaining entitlement, please do not identify it as a hardship case. You should receive a

reply to your general inquiry in 3 to 5 working days.

NOTE: You will receive a system-generated message when you submit your question advising you to expect an answer in 8 to 10 days.

IMPORTANT: Responses to your inquiries are not e-mailed to you. However, you will be notified by e-mail that a response has been submitted. You must go to the website, click on “Ask a Question and Answers” and log in in order to view the answers. Responses to your inquiries will be in the area, “My Questions and Answers.” Click on the “Questions” button to see a listing of your inquiries.

Who do I contact if I have question?

If you have any questions about the inquiry system please call DVA toll free at 1-888-442-4551 or contact your ELR.

Use this link to go to Internet Inquiry System to submit an inquiry.

<https://gibill.custhelp.com/app/utils/login/redirected/ask>

The Difference Between the SAA and DVA

The State Approving agency (SAA) originated when the GI Bill of Rights was signed into law in 1944 by President Franklin D. Roosevelt. Congress recognized that each state had the right and responsibility for the education and training of its residents. The SAA, together with the Department of Veterans Affairs, manages the veterans' education and job training programs.

The State Approving Agency (SAA) for Veterans Education, Training and Employment is charged with approving vocational, educational and professional programs of education and job training for veterans, their dependants and other eligible persons. The SAA approval allows the U.S. Department of Veterans Affairs to determine individual benefit amounts and length of assistance. Any On-the-Job training (OJT) or Apprenticeship (APP) training facility that enrolls veterans for the purpose of receiving education entitlements must be approved by the SAA.

The U.S. Department of Veterans Affairs (DVA) is charged with the responsibility for administering federal programs for veterans nationwide. The Roanoke Education Services Office, under the administrative supervision of the Buffalo Regional Processing Office, is the federal office with the responsibility for veterans and federal veterans programs in Virginia

What types of programs or schools must be approved?

Any educational institution which enrolls, or is likely to enroll, veterans in training programs (except for Correspondence Courses-DVA approves those programs) must be approved or reviewed by the Virginia State Approving Agency.

Examples are:

- Colleges and universities
- Private occupational schools
- Trade and technical schools
- Training and residency programs
- High school diploma, GED or post-diploma certificate programs
- Apprenticeship and other on-the-job training programs

What Needs to Be Approved?

It is required for all facilities to maintain approval. All facilities must complete the Application for Revised Program Approvals for On-the-Job Training and Apprenticeships (pg. 48), when requesting approval of new programs, change in wage rate, withdrawing programs, change in name of programs and change in clock hours.

New, Revised, Withdrawn and Teach-Out Programs

The Certifying Official should contact the Virginia SAA to request an Application for Revised Program Approvals for On-the-Job Training and Apprenticeships via email at saa@dvs.virginia.gov or call 804-225-2298.

Revised Programs

The training establishment should only request the approval of a revision of an existing program when the following occurs:

- The program hours have changed/increased/decreased
- The name of the program has changed
- The program is no longer being offered

Change of Address

Submit a letter (two copies) requesting approval of the new address. The letter should be on your company letterhead and should include the following information:

- Effective date of relocation
- New phone number, email address and points of contact

You must also include a new Designation of Certifying Official Form (VAF 22-8794)

Change of Certifying Official

Complete a new Designation of Certifying Official form (VAF 22-8794) and submit to:

Virginia State Approving Agency
101 North 14th Street, 17th Floor
Richmond, VA 23219
Fax: 804-786-0809

Types of Facility Visits

Compliance Surveys

The two primary purposes of compliance survey visits are:

- To assist training establishment officials and veterans or eligible persons in understanding the provisions and requirements of the law; and
- To verify and assure the propriety of DVA educational benefit payments to veterans and other eligible persons

Unlike inspection visits, which occur at the time of initial approval, compliance surveys may be conducted annually by the State Approving Agency or DVA staff to review an institution's compliance with veterans' approval and reporting requirements. To see a list of items that will be reviewed see pages 28-30.

Technical Assistance Visits

Technical assistance visits are an interaction designed to assist a group or individual at a facility with any aspect of the approval function.

The SAA can provide training or information on a number of different things for your facility, not limited to the following:

- Department of Veterans Affairs (DVA) veterans benefit programs
- Enrollment certification to include VA-ONCE (online certification)
- Approval issues
- Commonwealth of Virginia veterans programs and benefits

To schedule a visit to your facility contact the Virginia SAA via email at saa@dvs.virginia.gov or call 804-225-2298.

Other Visits

Other visits occur when:

- DVA request the SAA to visit because of non-compliance with approval standards
- DVA or the SAA is investigating a complaint

***FACILITY
AND
TRAINEE
RESPONSIBILITIES***

Facility Responsibilities

The following information provides the basic responsibilities of a training establishment and DVA Certifying Official. Each facility will designate at least one DVA Certifying Official to carry out the reporting requirements. The designation will be made on DVA Form 22-8794 (Designation of School Certifying Official). It is important that a new DVA Form 22-8794 be submitted any time there is a change in Certifying Officials. Each DVA Form 22-8794 submitted must include all names, since the new form supersedes the old one. The form may be obtained from your SAA.

Responsibilities for Reporting

Keep the DVA informed of the enrollment status of veterans and other eligible persons. Use basic forms to keep DVA informed, such as:

- Enrollment Certification (VA Form 22-1999-side B) to report required enrollment information
- Notice of Change in Trainee Status (VA Form 22-1999b) to report changes to enrollment information
- Monitor the training agreement pursued by a trainee to certify to DVA only those training hours that apply to the trainee's program
- Monitor trainee's work performance to ensure s/he is making satisfactory progress; report when a trainee was terminated due to unsatisfactory progress
- Monitor trainee's conduct and report when trainee is suspended or dismissed for unsatisfactory conduct

Keep up to date on current DVA rules and benefits

- Any changes in your contact information will require you to complete an updated DVA Form 22-8794
- Read and maintain DVA bulletins provided by your SAA or ELR
- Attend DVA/SAA training opportunities

Maintain records of DVA trainees and make all records available for inspection:

- Retain files of DVA papers submitted and records of progress, program pursuit, etc.
- Maintain records for at least three years following the trainee's last date of employment

- Ensure that records are kept in a safe place and that the privacy of the trainee is protected

A facility's file for a DVA trainee should contain:

- Copies of all trainees' paperwork. It should include the following: work processes, payroll, employment contract, records of disciplinary action, and any other pertinent forms

These are additional activities that training establishments are encouraged to carry out, but are not required by DVA.

- Assist trainees in applying for education benefits
- Maintain copies of application forms
- If the trainee cannot resolve payment problems, assist through DVA channels designated for School Certifying Officials
- Disseminate and/or post information on DVA education benefits, programs and contact points
- Ensure that trainees are fully aware of their responsibilities to the facility

Apprise supervisors of any internal problems that may affect service to DVA trainees, such as:

- Failure of records office to provide information on a trainee's progress, payroll or work performance changes
- Failure of training establishment to provide information on attendance/attendance problems
- Failure of mail distribution center to forward appropriate mail

Trainee Responsibilities

Applications

VA trainees can submit applications online at <http://vabenefits.vba.va.gov/vonapp/main.asp>. If trainees don't have access to apply online, they can call 1-888-442-4551 and ask that an application be mailed to them. All DVA trainees must file an application before they start a training program. Trainees who haven't received DVA educational benefits before must file an original application (DVA Form 22-1990; dependents DVA Form 22-5490). Trainees who have received DVA educational benefits before must file a Request for Change of Program or Place of Training (DVA Form 22-1995; dependents DVA Form 22-5495). Trainees applying for chapter 33 (Post-9/11 GI Bill®) in lieu of (or relinquishing) another benefit should complete a DVA Form 22-1990 as well.

Change of Address and Direct Deposit

Address and direct deposit information must be kept current. Chapter 30, 1606 and 1607 trainees can use the WAVE system to update address and financial institution information. Links to do so are on the "Main Menu" available after they log onto WAVE.

If a trainee wants to start (Chapter 30, 33, 35, 1606 or 1607) or change a direct deposit, the trainee should have his or her account information handy. The following information is needed to set up direct deposit and can be found on checks and bank statements:

- Account number
- 9 digit bank routing number
- Type of account (checking or savings)

If a trainee has direct deposit, the trainee still needs to keep his or her address current because all other correspondence including award letters are mailed to the trainee's address.

All other trainees can call 1-877-838-2778 to begin and change direct deposit.

eBenefits

<http://www.ebenefits.va.gov>

Trainees are strongly encouraged to register and utilize eBenefits to assist them in the following:

- Obtaining up to date information on their educational entitlement
- Updating their Direct Deposit and personal contact information
- Downloading DVA letters and personal documents
- Viewing the current status of their payment (both education and disability)

Trainees can register for either a Basic or Premium account, but must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) to obtain either account type.

EDUCATION
BENEFIT
PROGRAMS

GI BILL PROGRAMS

Montgomery GI Bill® - Chapter 30

Individuals who entered active duty after July 1985, and participated in the pay reduction program (pay reduced \$100 a month for 12 months) and served honorably for two years or more are eligible. Veterans or service persons cannot withdraw money paid into the fund.

Veterans Affairs Vocational Rehabilitation Program - Chapter 31

This program is available to certain veterans who have a service-connected disability of 10 percent or greater. It provides a monthly stipend and also covers the cost of tuition, books and supplies. Eligibility is determined on a case-by-case basis.

Veterans Education Assistance Program (VEAP) - Chapter 32

Individuals who entered active duty service between January 1, 1977, and June 30, 1985, who served a continuous period of 181 days or more and contributed financially toward the education program, are eligible. Monthly benefits are determined by adding the amount of personal contributions and DoD contributions made during the years of active service.

GI Bill® for Dependent- Chapter 35

A child or spouse of a service-connected deceased or 100 percent disabled veteran may be eligible for DVA educational benefits. Benefits may be used until the dependent has reached the age of 27, or 8 years from the date that eligibility is determined, whichever is later.

Montgomery GI Bill® for Reservists - Chapter 1606

An individual who enlisted, re-enlisted or extended an enlistment in the Selected Reserve or National Guard for a period of 6 years after July 1, 1985, and has completed the initial active duty training is eligible for DVA benefits. This program does not require a contribution by the service person.

Montgomery GI Bill® for Reservists - Chapter 1607

An individual who was activated after September 11, 2001, and has served at least 90 consecutive days or more in the Selected Reserve or National Guard. This program does not require a contribution by the service person.

Post-9/11 GI Bill® - Chapter 33

Payment for apprenticeship and other on-the-job training program became available effective October 1, 2011.

CERTIFICATION PROCESS

Initial Packets (To begin training)

The veterans beneficiary should complete an application (see Trainee Responsibilities), whether online or hard copy (DVA Forms 22-1990 or 22-5490 if s/he has never used his/her educational benefits before). You may ask that a trainee provide a copy of the Certificate of Eligibility letter to ensure s/he is indeed eligible for the educational benefit, but is **not required**. If the veterans beneficiary has used his/her educational benefits, have him/her complete DVA Form 22-1995 or 22-5495.

Initial packets for the trainees may be sent to the Virginia State Approving Agency or submitted using DVA electronic submission, VA-ONCE

Mailed packets should include:

- VA form 22-8864 (training agreement)
- VA form 22-1999 Side B
- Work processes
- Wage scale/schedule
- Apprentice Action Form and Training Program Outline (**Registered Apprenticeships Only**)

Packets may be sent to the SAA via US Mail (see pgs. 12-13); fax (804-786-0809); or secured/encrypted email to saa@dvs.virginia.gov, (contact our office to assist in setting up this process). The office designee will review your packet and forward your documents to DVA on your behalf.

How to certify using VA-ONCE

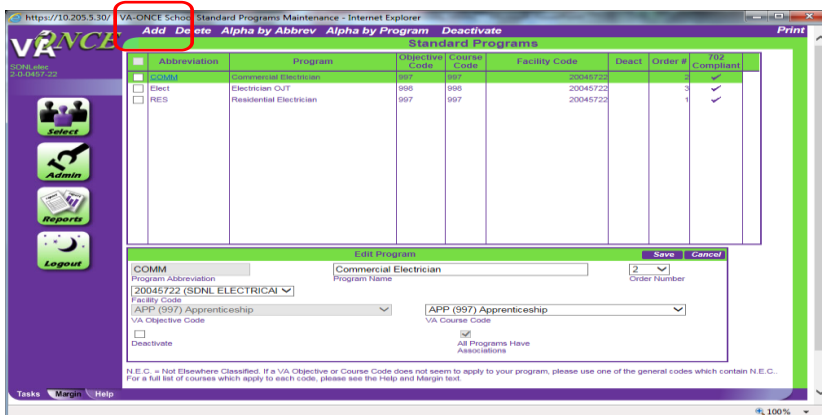
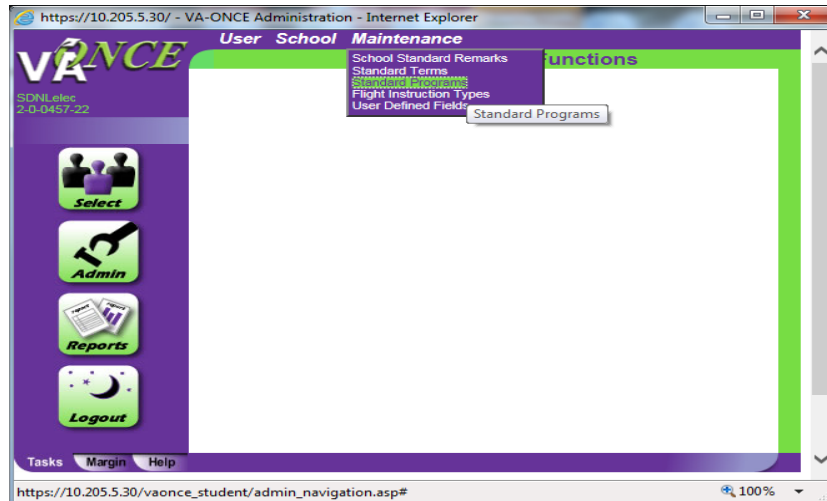
The Education Liaison Representative (ELR) must have a VA form 22-8794 and Memorandum of Understanding on file to set up a username and password for the Certifying Official to use VA-ONCE. Once this is completed and received, the ELR will send via email your username and password to access VA-ONCE. Passwords must be updated regularly to avoid access issues. Once in the site, follow the steps outlined below.

Version P048 of VA-ONCE updates the application, giving Apprenticeship (APP) and On-the-Job-Training (OJT) training facilities the ability to submit Enrollment Certifications (VA Form 22-1999).

Adding a Program to an OJT or APP facility

Log in and select
Admin/
Maintenance/
Standard
Programs.

Once on the
Standard
Programs page,
enter all
programs that are
offered at the
facility.



To add a Program, click "Add" at the top of the page. The "Edit Program" section at the bottom of the screen will become enabled and a program can be added.

Complete the Program Abbreviation and the Program Name.

Edit Program Save Cancel

COM&RES Commercial & Residential Electrician 3
 Program Abbreviation Program Name Order Number

20045722 (SDNL ELECTRICIAI 20045722
 Facility Code VA Course Code

VA Objective Code
☐ Deactivate ☒ All Programs Have Associations

After entering the Program Abbreviation and Program Name, go to the VA Course Code. Scroll to the bottom of the list and select either APP (997) Apprenticeship, or OJT (998) On-the-Job-Training.

The screenshot shows the 'Edit Program' form with the following fields: Program Abbreviation (COM&RES), Program Name (Commercial & Residential Electrician), Order Number (3), Facility Code (20045722 (SDNL ELECTRICAL)), and VA Objective Code (OJT (998) On-The-Job Training). The VA Course Code dropdown menu is open, showing a list of course codes. The bottom of the list is highlighted with a red box, showing the following options: OJT (998) Special Program, APP (997) Apprenticeship, and OJT (998) On-The-Job Training.

The VA Objective Code will automatically fill in the same abbreviation, code, and description. Click Save and the program is added.

The screenshot shows the 'Edit Program' form after saving. The VA Objective Code is now OJT (998) On-The-Job Training, and the VA Course Code is also OJT (998) On-The-Job Training. The 'All Programs Have Associations' checkbox is checked.

4

Completing and submitting an Enrollment Certification

The SCO should add the student and complete the Bio page. On the Bio page, the Training Type will be APP_OJT.

The screenshot shows the VA-ONCE Student Bio page for a student named FRANK N STEIN. The page includes fields for personal information (SSN, Date of Birth, Address, City, State, Zip), contact information (Phone, Email), and program information (Program, Chapter, Training Type). The Training Type is set to APP_OJT. The page also includes a sidebar with navigation links (Select, Admin, Reports, Logout) and a bottom section for User Definitions.

5

To start a certification, click Cert at the top of the page and select "New". The "Edit Enrollment" area at the bottom of the screen will become enabled.

All fields should be completed as on the paper form. The Term Name field is optional, and is not sent to VA. The SCO should select whether the Type of Training is Apprenticeship or On-The-Job-Training. Click "Submit" at the top of the page.

6

The print of the Enrollment Certification will look like the picture below. This is very similar to what the claims examiner will see.

Enrollment Certification VA-ONCE ver. P048 - Chapter 33

VA File No.
555664444-

Student Information
TAYLOR, TIM

Type of Training
Apprenticeship

Name of Program
RESIDENTIAL ELECTRICIAN, 997, 997

Credit for Prior Training
NONE

Training Dates	Hrs Employed	Number of Hrs
Begin End	Per Week	Standard Work Week
10/10/16 10/08/18	35.00	35.00

Remarks
CERTIFICATION: All Provisions on VA Form 22-1999 Are Certified.

Date Signed 09/26/2016 School Information
EC NATHAN LEONARD
SDNL ELECTRICAL
123 TEST ST
DETROIT, MI 48755
Phone #313-211-3111
Facility Code 20045722

Electronically Received by VA: 09/29/2016

VA Form 22-1999
Mar 2009 OMB Control No. 2900-0073

CertID: 34100090
TransID: 130677

7

Trainee's Responsibilities

The trainee is tasked with documenting his/her training hours via the Monthly Progress and Attendance Log (see pg.47). Recognized training hours are actual hours worked, not leave hours such as sick, military or annual leave. At the end of each month, the trainee should have the training supervisor sign his/her Monthly Progress and Attendance Records log. By signing, the training supervisor is verifying the hours logged are accurate. The trainee should then take his/her log of hours to the Certifying Official. Then, the Certifying Official should verify hours against payroll to ensure hours reported are actual hours worked and have the trainee sign Monthly Certification form for On-the-Job and Apprenticeship Training (DVA Form 22-6553d-1, see pg. 48).

Certifying Official Responsibilities

On a monthly basis the Certifying Official should receive the Monthly Attendance log from the trainee (as described above). The Certifying Official is responsible for verifying trainee's hours worked against hours sent to payroll. Record the month, year and hours worked (e.g. March 2015, 160 hrs) onto DVA Form 22-6553d-1 and make sure the trainee as well as the Certifying Official has signed the form. The Certifying Official should then send this form to the DVA, so the trainee can receive payment.

Important: If the trainee completes his/her training before the last day of the month, you must date the form as the last date of the month. (e.g., to certify the month of March 2015 hours, date the form as 3/31/15 or 4/1/15). This is especially important to ensure the trainee receives payment.

What documents to submit to DVA (DVA Forms 22-6553d-1 and 1999b):

These documents are required to be sent to the DVA and will be accepted via US Mail and electronic submissions. Mailed documents will take longer to process. We highly encourage submitting documents electronically, because you have a trail of the documents submitted and the DVA receives and uploads the documents the next day. Also, you are able to view once the submission/question is resolved.

Process to Submit Documents Electronically to the VA

1. Go to https://gibill.custhelp.com/app/utils/login_form/
2. Click Sign up to setup a username and password.
3. Once in the site, select the tab at the top "Ask a Question".
4. Fill in all the required fields:
 - Subject line: RE: veteran's name (only one veteran per question)
 - Question: (e.g., please upload documents for payment).
 - Attach document: (monthly certification form)
 - Product: select "GI Bill" and then "OK".

5. Select "Continue" and "Finish Submitting Question" to submit question/documentation.

BENEFIT PAYMENTS

Monthly benefit payments (or Monthly Housing Allowance for Chapter 33) are made directly to the trainees. The payment is made to the trainee for the number of hours the trainee is certified for the month. The trainee must work at least 116 hours per month in order to receive the full monthly payment. We suggest that vacations be scheduled in such a manner as to avoid falling below the 116-hour minimum. This does not mean that the trainee can stop working once he or she has achieved 116 hours in a given month. The trainee must still progress at a rate to achieve enough hours to complete the program by the scheduled ending date based upon full time employment.

Benefits are paid after the DVA Monthly Certification of Hours Worked form has been received and processed by the appropriate DVA RPO office. Both the trainee and an authorized Certifying Official of the facility must sign and date this form.

Standard benefits are described in the monthly rate tables found at http://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp. An additional kicker may be paid to some Chapter 30, 33, 1606 and 1607 trainees.

Retroactive benefits (certify as requested for all benefit Chapters). If a trainee asks to be certified retroactively for enrollment periods you haven't certified previously, certify the previous period the trainee asks you to certify. DVA will determine the date of eligibility and the beginning date from which benefits can be paid.

RELATED TRAINING

All apprenticeship programs and some on-the-job training programs require related training. This may be given "in plant" at the company or at any vocational school. If related training is given "in plant" during the workday, the hours may not be reported as work hours. When given at a school, the school will generally send you periodic progress reports. If a trainee stops attending scheduled related training, DVA must be notified, as the trainee will no longer be entitled to benefits.

MONTHLY ATTENDANCE AND PROGRESS RECORD

The Progress Record Work Log (Registered Apprenticeships) or Monthly Attendance Log (Non-Registered Apprenticeship or On-The-Job Training) must be maintained on a monthly basis. This form must be completed in its entirety. Do not overlook the entries required in the sections titled "Hours Worked during Month" and "Instructor's Initials." The hours shown as worked on this form must match the hours reported on the DVA Monthly Certification of Enrollment/DVA Form 22-6553d-1.

All DVA records and progress reports originating at the facility must be maintained at your company during the training and for a period of three years following the completion or termination of each trainee's program.

WAGE SCHEDULE

The wage schedule shown on the Application for Approval or Veteran Training Agreement must be followed. If a general wage increase is authorized by the facility, the new wage schedule must be reported to the SAA on the Request for Wage Revisions form or Request Application for Revised Approvals. The SAA will issue a letter amending the approval for the new wage schedule.

If the trainee's work is unsatisfactory or the attendance rate is unsatisfactory so that he or she does not earn the scheduled wage increase, it is permissible to delay the increase. This action must be fully documented and available for review by authorized officials of the DVA or the SAA. Public facilities can be exempted from incremental wage increases.

UNSATISFACTORY PROGRESS OR CONDUCT

If a trainee is discharged by the facility for unsatisfactory progress, attendance or conduct, this fact must be reported to the DVA within 30 days via DVA Form 22-1999b and/or VA Form 22-6553d-1.

EXTENTION, TERMINATION, OR EARLY COMPLETION

Any time the trainee's contract is extended, the trainee is terminated from the training program or the trainee completes the program earlier than anticipated, it must be reported to DVA within 30 days.

CHANGE OF STATUS

If a trainee terminates or takes a leave of absence, it will be necessary to inform DVA in writing to report his/her change of status. Any change of status must be reported within **30 days** of the date of the change to be in compliance with DVA regulations and to avoid overpayment to the claimant. Failure to comply with this regulation could lead to an adverse action on your compliance survey. A transfer to another training facility is considered a change in status. Reports of change of status may be reported on DVA Forms 22- 6553d-1 or 22-1999b (Change in Trainee Status).

NOTE: Sometimes DVA-eligible trainees pursue benefits well after the completion of training. In cases where DVA benefits are pursued retroactively, VA will honor claims up to one year from the date they receive an application or other verifiable claim, such as a training agreement bearing the veteran's signature. Retroactive payment of benefits will include only those months of training during the past 12 months. Time prior to that must be accounted for as prior credit.

MISCELLANEOUS INFORMATION

COMPLIANCE SURVEYS

The Department of Veterans Affairs (DVA) is required by law to conduct compliance surveys at 10% of all active establishments on an annual basis. The purpose of these surveys is to make sure that all the rules and regulations are being adhered to and to help the facility wherever necessary. Authorized SAA or DVA officials will have appropriate identification and have the right to view all pertinent facility records.

What is a compliance survey?

It is the review of all DVA documents and the facility's documents that pertain to the application and payment of DVA benefits to beneficiaries. A review will be conducted for quality and accuracy of documents, certifications and progress of trainees and an overall assessment of your training program and facility.

Record Disclosure

Can a representative from the SAA or DVA review trainee records and transcripts at your facility?

- Yes, the law provides DVA an avenue along the same lines as Financial Aid. It was determined that DVA benefits fall into the Financial Aid category and therefore are exempted from the Buckley Amendment, Public Law 93-380.

How often am I reviewed?

- Generally, every one to three years is the annual review for each facility if active with DVA trainees.
- A review that has a high percentage of discrepancies will prompt another visit. If there are serious or systemic problems, a follow up can be scheduled within six months
- New facilities will be scheduled as soon as possible, schedule permitting.

Notification procedure

- You will receive a fax, letter or email notifying you of an impending compliance survey.
- This notification will provide you with detailed information as to which trainee(s) will be reviewed and what documents and information need to be provided for the compliance survey.

Major Areas of Review: Sample Agenda

I am requesting the following be prepared for each trainee listed on the last page:

- Printed copies of 22-1999s, 22-1999bs and any other forms used to process GI Bill® benefits
- A record of previous education and/or training, credit for On-The-Job skill acquisition and previous related training
- Personnel records (application for employment, drug tests, references, certificates, related training, etc.)
- Progress records
- Training agreement or apprenticeship agreement
- Copies of DVA Form 22-6553d-1s (Monthly Certification of On-The-Job and Apprenticeship Training). The employer certifies the hours worked each month on this form. A copy of the form should be kept in the trainee's file. Any changes in the wage rate should be reported on this form.
- A copy of the apprenticeship program course outline, training program outline, work processes, etc.
- Time cards, payroll records, time and leave records, employer records, etc. ***(If the records are not maintained at your location it is the responsibility of the Certifying Official to make such records available for our review either by electronic means or hard copy).*** If discrepancies are found, copies of the payroll records (wages) may be retained by the SAA to be included in our report of the compliance survey to the VA.

In addition, please ensure the following is available:

- A copy of the pay scale from 2013 to the current date
- A copy of the file for a non-VA beneficiary trainee

Please provide the following numbers:

The total number of Apprentices/OJT Trainees _____

The total number of Veteran Apprentices/OJT Trainees _____

The total number of Journeymen (completed the program; working in your establishment) _____

The number of Veteran Apprentices/OJT Trainees by GI Bill® chapter:

Ch. 30		Ch. 32		Ch. 1606		Ch. 33	
Ch 31		Ch. 35		Ch. 1607			

What happens at the visit:

The supplied records are reviewed to verify enrollment data and wages paid. At the visit, we will:

- Verify that the beginning and end dates certified were the actual dates of training
- Verify the hours certified each month match the payroll or time and leave records

- Verify the wages paid during the training program. For OJT programs, the beginning wage must be at least 50% of the journeyman wage. The wages must be increased in regular periodic increments until, but not later than, the last full month of the training period, and at that time they must be at least 85% of the journeyman wage.

Training records must be maintained to record the progress, conduct and attendance of each trainee. At the visit, we will:

- Verify the trainee's progress toward the job objective
- Verify evaluation records (if applicable)
- Verify the approximate amount of time spent in each task required for the training program
- Determine the number of hours needed by each trainee to complete the program

The trainee's employment application will be reviewed to determine if relevant training or experience was reported.

The following is provided for your information so you are aware of the authority given to the SAA to review the requested information.

Examination of Records

10 U.S.C. 16136; 38 U.S.C. 3034, 3241, 3323(a), 3689, 3690 and CFR 21.4209 (a), (b) and (c)

(a) *Availability of records.* Notwithstanding any other provision of law, an educational institution, including for purposes of this section an organization or entity offering a licensing or certification test, must make the following records and accounts available to authorized Government representatives:

(1) Records and accounts pertaining to veterans or eligible persons who received educational assistance under 10 U.S.C. chapter 1606 or 38 U.S.C. chapter 30, 32, 33, 35, or 36;

(2) Other students' records necessary for the Department of Veterans Affairs to ascertain institutional compliance with the requirements of these chapters ...

(b) *Type of records.* Each educational institution must upon request of duly authorized representatives of the Government make available for examination all appropriate records and accounts, including but not limited to:

(1) Records and accounts which are evidence of tuition and fees charged to and received from or on behalf of all veterans, reservists, and eligible persons and from other students similarly circumstanced;

(2) Records of previous education or training of veterans, reservists, and eligible persons at the time of admission as students and records of advance credit, if any, granted by the educational institution at the time of admission;

(3) Records of the veteran's, reservist's, or eligible person's grades and progress;

(4) Records of all advertising, sales or enrollment materials as required by §21.4252(h) and section 3696(b), title 38 U.S.C.;

(5) Records and computations showing compliance with the requirements of §21.4201 regarding the 85-15 percent ratio of students for each course ...

(c) *Noncollege degree, apprentice, and other on-the-job.* The educational institution having veterans, service members, reservists, and/or eligible persons enrolled in a course that does not lead to a standard college degree must make available, in addition to the records and accounts required in paragraph (b) of this section, the records of leave, absences, class cuts, makeup work, and tardiness. Each training establishment that has enrolled veterans under 38 U.S.C. chapter 30, 32, or 33, reservists under 10 U.S.C. chapter 1606, or eligible persons under 38 U.S.C. chapter 35 must also make available payroll records.

Note: The Certifying Official is the primary contact person and has the responsibility to ensure that all requested items above are available for the compliance survey. If the Certifying Official is unable to provide the requested items listed in this outline it will reflect in the findings and be reported to DVA as appropriate.

Payroll documents are required to be made available by the facility.

Sample Request for Payroll Records

A routine compliance survey is being conducted at (insert name of facility) on (date). Our facility is required to maintain payroll records to verify incremental wage increases per the Commonwealth of Virginia's Department of Labor Industries (DOLI) Training Agreement, progress and attendance records as well as reconciliation of payments reported to and paid by the Department of Veterans Affairs (DVA).

I request that (insert name of company) provide payroll information on the following trainee(s)/apprentice(s) to comply with requirements as outlined below in CFR 21.4209:

First/Last Name

The following Code of Federal Regulation supports the request for examination of records.

Examination of Records - Reference CFR 21.4209(a) *Availability of records.* Notwithstanding any other provision of law, an educational institution, including for purposes of this section an organization or entity offering a licensing or certification test, must make the following records and accounts available to authorized Government representatives:

(c) *Noncollege degree, apprentice, and other on- the –job.* The educational institution having veterans, service members, reservist and /or eligible persons enrolled in a course that does not lead to a standard college degree must make available, in addition to the records of leave, absences, class cuts, makeup work, and tardiness. Each training establishment that has enrolled veterans under 38 U.S.C. chapters 30, 32 or 33, reservist under 10 U.S.C chapters 1606, or eligible persons under 38 U.S.C. chapters 35 must also make available payroll records.

(Authority: 10 U.S.C. 16136; 38 U.S.C. 3034, 3241, 3323(a), 3690)

Sincerely,

Certifying Official Name
Title

Tips for Preparing for a Compliance Survey

- Review the compliance notification that was faxed or sent to your facility
- Organize your files (DVA documentation on one side in date order, all other material on the other side--suggestion only)
- Review your files at least three years back! The audit will cover at least three years or when the trainee first enrolled in your facility.
- Self audit (if mistakes are found make the corrections before audit)
- Certify only approved programs
- Review your records often especially if there are changes with trainees. Report the adjustments even if they are late.

How Am I Informed of the Results?

- You will receive a letter providing you with the official results from the survey visit
- The inspector should discuss the discrepancies with you prior to leaving your facility. Any correctable action should be resolved at that time
- If noted discrepancies require referral action by the SAA, the Inspector should advise you of referring action to DVA before his/her departure from your facility.

ADDITIONAL REGULATIONS/INFORMATION TO BE REMEMBERED

- All files must be kept for three (3) years from the last date of attendance.
- If a trainee transfers to another employer or education institution, a copy of his/her original DVA/SAA forms must be retained in your facility files.
- A written statement concerning an employee's prior credit must be kept with his/her DVA file.
- The DVA website at www.benefits.va.gov/gibill/ shows the monthly rates received by the trainee during the period s/he is training in the program.
- DVA benefits are usually scheduled to increase each October 1, based on the federal cost-of-living allowance or other consideration by Congress.
- Corrections Officers, Police Officers, Firefighters, Cooks and Steam Plant Operators are examples of approved on-the-job training programs. Other training objectives may be approved by the Virginia SAA. .

- Trainees may not draw OJT benefits and educational benefits while concurrently matriculating at a university, college or technical/trade school, or while on active duty
- Changes in the approved wage schedule must be reported to the Virginia SAA via Revised Approval Application for OJT/Non-Registered Apprenticeships or Modification Form for Registered Apprenticeships
- Changes affecting the training outline must be reported to the Virginia SAA immediately to avoid possible over- or underpayments to the veteran via Revised Approval Application for OJT/Non-Registered Apprenticeships or Modification Form for Registered Apprenticeships. Call 804-225-2298 or email saa@dvs.virginia.gov to request an application for revised approval.

SAMPLE COMPLETED FORMS

TRAINING AGREEMENT FOR APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING PROGRAMS
(Title 38 U.S.C. 3677 and 3687)

1. NAME AND ADDRESS OF ESTABLISHMENT ENTERING INTO TRAINING AGREEMENT (Include e-mail address)		2. NAME AND ADDRESS OF TRAINEE ENTERING INTO TRAINING AGREEMENT	
ABCD Electric Company 1111 New Company Road, Fast Life, VA 99999		John Doe 5555 New Life Rd., Fast Life, VA 99999	
3. TRAINEE'S SOCIAL SECURITY NUMBER 123-45-6789	4. TRAINEE'S VA FILE NUMBER 123456789	5. DATE OF BIRTH 01/01/1970	6. TRAINEE'S JOB TITLE OR TRADE Electrician
7. LENGTH OF PROGRAM 48	8. CREDIT FOR PREVIOUS TRAINING/EXPERIENCE 8	9. LENGTH OF TIME REMAINING TO BE COMPLETED 40	
10. DATE TRAINING BEGINS 02/01/2016	11. LENGTH OF PROBATIONARY PERIOD 12	FOR VA USE ONLY	12. FACILITY CODE 12345646
			13. DOT CODE approval letter

14. SPECIFIC QUALIFICATIONS FOR TRAINEES	15. NUMBER OF TRAINEES PER INSTRUCTOR OR NUMBER OF APPRENTICES TO JOURNEY WORKERS <i>(Ratio)</i>
Must complete and pass entrance math test	1:1

NOTE: Trainees who receive credit for previous experience shall be paid the wage rate of the period to which such credit advances them.

A. PERIOD	B. NUMBER OF MONTHS	C. WAGE LEVEL	A. PERIOD	B. NUMBER OF MONTHS	C. WAGE LEVEL
1ST	6	\$ 12.00 PER hour	6TH	6	\$ 17.00 PER hour
2ND	6	\$ 13.00 PER hour	7TH	6	\$ 18.00 PER hour
3RD	6	\$ 14.00 PER hour	8TH	6	\$ 19.00 PER hour
4TH	6	\$ 15.00 PER hour	9TH		\$ PER
5TH	6	\$ 16.00 PER hour	10TH		\$ PER

\$ 20.00 PER hour

17B. NUMBER OF HOURS OF TRAINING

See attachment, work processes is the document you submitted with your initial approval. Attach to this document.

TOTAL

18A. COURSE CURRICULUM UNITS, OR TRAINING OUTSIDE THE JOB NECESSARY FOR THIS TRADE *(If required)*

See attachment. This is the training curriculum that was submitted with your initial approval.

18B. LOCATION OF RELATED TRAINING/INSTRUCTION
BBD Adult Education Center 2020 Slow Lane Dr. Slow Lane, VA

The Establishment and the Trainee enter into this agreement in conformity with the Training Standards shown on the reverse side of this form which have been approved by the Department of Veterans Affairs. Carefully read these standards before signing below.

19. SIGNATURE OF TRAINEE

Trainee signs here

20. SIGNATURE AND TITLE OF ESTABLISHMENT DESIGNEE

Certifying Official signs here

The signing of this agreement binds the parties to compliance with the Agreement and Training/Apprenticeship Standards.

OMB Control No. 2900-0073
Respondent Burden: 10 minutes

VA FORM 33-1000 SUBSIDIES VA FORM 33-1000 DEC 2003

BREAKDOWN OF WORK PROCESSES

ELECTRICIAN

	<u>Area of Work</u>	<u># of Hours</u>
A.	RESIDENTIAL INSTALLATIONS	1,000
	<ul style="list-style-type: none">• Rigid conduit and EMT• Flexible conduit and cable• Connecting and testing• Service and distribution• Signal systems	
	RESIDENTIAL MAINTENANCE AND REPAIR	
	<ul style="list-style-type: none">• Adding additional circuits• Trouble shooting• Signal systems	
B.	COMMERCIAL INSTALLATIONS	3,000
	<ul style="list-style-type: none">• Exposed rigid conduit and EMT• Concealed rigid conduit and EMT• Surface raceways• Wires and cables• Wiring devices, fixtures, panel boards, etc	
C.	INDUSTRIAL INSTALLATIONS	3,000
	<ul style="list-style-type: none">• Flexible conduits and cables• Rigid conduit and EMT• Duct work	
	INDUSTRIAL INSTALLATION AND CONNECTION	
	<ul style="list-style-type: none">• Conductors• Distribution panels• Switchboards	
	MAINTENANCE AND REPAIR	
	<ul style="list-style-type: none">• Industrial and commercial	
D.	SPECIALIZED WORK	1,000
	<ul style="list-style-type: none">• Temperature and refrigeration controls• Specialized fixtures and welding• Automatic controls• Signal systems• Grounding• Materials handling	
	TOTAL HOURS	8000

TRAINING PROGRAM OUTLINE

☐ New Registration
☒ Revision of address/# of journeyworkers
☐ Cancellation
☐ Veterans Administration Approved

Date of Contact: 8-12-2016
 Field Representative: 0321/BROOKS
 Program No: 10011706

ORIGINAL REGISTRATION Date: 7-29-2015
 REVISION Date: 8-30-2016
 CANCELLATION Date:

Sponsor: _____ Fax No: _____ Phone No: 757-470-1204
 Address: _____ VA BEACH VA 23452
 Street City County State Zip

EMAIL: _____
 (No. of Establishments) 1
 (Total No. of Employees) 4

Bargaining Agency:
☐ Group Joint ☐ Individual Joint
☐ Group Waiver ☐ Individual Waiver
☐ Group Not Joint ☒ Individual Not Joint

SIC Code: 1731 Principal Products or Services: ELECTRICAL COMPANY

Ratio of Journeyworker to Apprentices: 1 to 1 Supervision of Apprentices:

Occupational Title As Given in Standards	DOT Code	Term (Hrs)	Journeyworkers Employed	Apprentices Who Can be Employed	Journeyworker Hourly Rate	Apprentice Wages		
						Beg. %	End %	Avg. %
Electrician	824 251-010	6000	3	3	\$20.00	45	75	61

The sponsor agrees to provide for employment and training of apprentices as set forth below with a graduated pay scale and in conformity with the terms and conditions set forth in the apprenticeship standards currently in effect and made a part hereof. Changes in pay scale will be submitted to the registration agency as they occur by the sponsor. Apprentice wages are expressed in percentage and are based on journeyworker's rate. Changes in apprentice wages become effective through revision of the **TRAINING PROGRAM OUTLINE**. The apprentice agrees to complete required related instruction and will not be paid for attendance. The agreement may be terminated by either party by written notification to the approving agency, stating reason for termination if submitted after completion of the probationary period of **1000** hours.

Employment and training of apprentices shall be without discrimination because of Race, Color, Religion, National Origin, or Sex

Graduated Pay Scale
 Journeyworker's Rate: \$20.00/HR. Normal work week shall consist of 37-40 Hours.

1. \$9.50 - 1 st yr- 46%	5. _____	9. _____
2. \$10.50 - 2 nd _____	6. _____	10. _____
3. \$11.50 - 3 rd _____	7. _____	11. _____
4. \$15.00 - 4 th 61%	8. _____	12. _____

The Sponsor agrees to instruct apprentices in safety and health work practices and shall insure that apprentices are trained in facilities and other environments that meet Virginia Occupational Safety and Health Standards for General Industry and Construction Industry developed pursuant to the Federal Occupational Safety and Health Act.

8-31-2016 Effective Date
 Signature of Sponsor's Representative _____
 C. Ray Davenport Agency

Revised 7/2015

COMMONWEALTH OF VIRGINIA
APPRENTICESHIP PROGRAM
DEPARTMENT OF LABOR AND INDUSTRY
600 EAST MAIN STREET, SUITE 207
RICHMOND, VIRGINIA 23219

APPRENTICE ACTION FORM

FIELD REP LAST NAME/# Brooks/0321

SPONSOR NO 10011706

The Government Data Collection and Dissemination Practices Act, Va. Code §§ 2.2-3800-3816, protects the release of the personal information you provide on this form (see statute for more information). Your social security number is requested for identification, wage and employment verification purposes only. Information on your sex, race and veteran status is used by this Department and the U.S. Department of Labor to determine the percentage of minorities, women, and veterans that participate in apprenticeship training. If you are applying for Veterans Administration (VA) benefits, you must indicate that you are a veteran.

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3 and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6

Apprentice Name: (Type or print name as it should appear on completion certificate)

First Name		Middle Initial		Last Name	
648 WILLOW BEND DR		CHESAPEAKE		VA Zip Code 23323	
Address		City		Phone 910-850-0811	
I-3426		MALE		Occupation ELECTRICIAN	
SSN		Sex		DOT/ONET Code 824.261-010	
Date of Birth		Veteran YES		Length of Program 8000	
Race Caucasian		Credit		Hours - Probation 501	
Education Level High School		Starting Date		Estimated Completion Date 8-30-2020	
Name & Location Where Attained (If Credit Given)					
Previously Registered as an apprentice with the State of Virginia only? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of company/sponsor?					
Related Instruction Provider NORFOLK TECH ARI Site Technical Center					
Related Instruction (Number Hours Per Year) 168		Apprentice Wages For Related Instruction			
		<input checked="" type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid		<input type="checkbox"/> Competency <input checked="" type="checkbox"/> Time Based <input type="checkbox"/> Hybrid	
Signature of Apprentice		Date 8/30/16		Signature of Parent/Guardian (if minor)	
				Date	

Sponsor		Name of Sponsor Representative			
Address		City/County VA. BEACH		FIPS 810	State VA Zip Code 23452
Phone		Fax		Email	
PLEASE CHECK IF THIS IS A		<input checked="" type="checkbox"/> REGISTRATION <input type="checkbox"/> SUPERSEDING AGREEMENT <input type="checkbox"/> REINSTATEMENT		<input type="checkbox"/> STUDENT (H.S. CODE) <input type="checkbox"/> COMMUNITY COLLEGE CODE	
		Journeyworker's Hourly Wage \$ 20.00		Apprentice's Entry Hourly Wage \$	

WAGES	Term (Hrs)	Period 1	2	3	4	5	6	7	8	9	10
Wage Rate (Mark One) % <input type="checkbox"/> \$ <input checked="" type="checkbox"/>		9.50	10.50	11.50	15.00						

Signature of Sponsor's Representative		Date Signed 1/30/16		Name and Address of Sponsor Designee to Receive Complaints (if applicable)	
				C. Ray Davenport 9-7-16	
Registered with the Virginia Department of Labor and Industry		Commissioner		Date	

☐ COMPLETION Additional Credit Hours at time of Completion (2,000 hours or more a letter is required)

Signature of Sponsor's Representative		Title		Date	
Signature of Sponsor's Representative		Transcript Attached Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> CANCELLATION		EFFECTIVE DATE		Reason	
Signature of Sponsor's Representative		Date			

Revised: 7/2015

REGIONAL PROCESSING OFFICE (RPO) NAME AND ADDRESS OR FAX NUMBER <i>(See RPO listing on reverse)</i> Buffalo Regional Processing Office PO Box 4616 Buffalo, NY 14240-4616		Department of Veterans Affairs MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING		
		VA FILE NUMBER	PAYEE	
TRAINEE'S NAME AND ADDRESS John Doe 5555 New Life Rd. Fast Life, VA 99999		IMPORTANT: Read the instructions carefully. You and the employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. Call 1-888-GI-BILL-1 (1-888-442-4551), if you have questions. If you use the Telecommunications Device for the Deaf (TDD) call the Federal Relay number is 711.		
INSTRUCTIONS TO TRAINEE				
<p>ITEMS 1 AND 2 - Enter the number of hours worked for each month/year shown (include any hours of related training given during working hours).</p> <p>ITEM 3 - Check the appropriate box, and if training has been terminated, complete Items 4 and 5. If you have attained the complete job skills for your job (a "journeyman" knowledge and skills), show this information in Item 5.</p> <p>ITEMS 6A, 6B, AND 6C - Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show your new wage rate and the effective date of that wage rate (when you first received this wage rate).</p> <p>ITEM 7 - Use Item 7, Remarks, to show any additional information concerning your wage rate. Also, if you are receiving additional educational allowance for dependents use this item to report any change in the number of your dependents.</p> <p>ITEMS 8A and 8B - Sign and date the form. After signing and dating the form give it to your employer/certifying official or an authorized official of your training establishment for verification.</p> <p>CHANGE OF ADDRESS - If you are changing your address permanently, neatly line out the preprinted address shown above. Then, print or type your new address in the remaining space. Be sure to include your ZIP Code.</p>				
INSTRUCTIONS TO EMPLOYER/CERTIFYING OFFICIAL				
<p>Please verify the number of hours worked and other information reported by the trainee in Items 1 through 6 with the payroll and training records. Please report any differences in Items 6 and/or 7.</p> <p>Also use Item 7 if the trainee's conduct or progress is unsatisfactory or if the trainee has attained the complete job skills for the job (a "journeyman" knowledge and skills).</p> <p>ITEMS 9A and 9B - Sign and date the form and return it to the VA office shown above.</p> <p>If you have any questions, call VA toll-free at 1-888-GI Bill (1-888-442-4551).</p>				
1. MONTH(S)/YEAR TO BE CERTIFIED	2. NUMBER OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1?	4. DATE TERMINATED <i>(Month, day, year)</i>	
February 2016	120	<input checked="" type="checkbox"/> YES		
March 2016	200	<input type="checkbox"/> NO <i>(If "No," complete Items 4 and 5)</i>		
April 2016	90	5. REASON FOR TERMINATION		
May 2016	200			
June 2016	160	6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE	6C. EFFECTIVE DATE
		<input checked="" type="checkbox"/> YES	12.00	02/01/2016
		<input type="checkbox"/> NO <i>(If "No," complete Items 6B and 6C)</i>		
7. REMARKS				
<input checked="" type="checkbox"/> I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.				
PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.				
8A. SIGNATURE OF TRAINEE <i>(Please sign in ink)</i>			8B. DATE SIGNED 06/30/2016	
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>(Please sign in ink)</i>			9B. FACILITY CODE 12345646	
			9C. DATE SIGNED 06/30/2016	

FILE NUMBER:



Department of Veterans Affairs

NOTICE OF CHANGE IN STUDENT STATUS

1. NAME OF STUDENT (First, Middle, Last) John Doe		2. VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's Social Security Number)	
3. CURRENT ADDRESS OF STUDENT 5555 New Life Rd., Fast Life, VA 9999		4. SOCIAL SECURITY NO. OF APPLICANT (If not entered on Item 2 above) 123-45-6789	
5. DATES OF TERM AFFECTED			
A. BEGIN DATE 02/01/2016		B. END DATE 05/31/2019	
5. TERMINATION (Complete Items A and B, and C if applicable)			
A. LAST DATE OF ATTENDANCE 01/15/2017	B. REASON FOR TERMINATION <input type="checkbox"/> WITHDRAWAL BEFORE BEGINNING OF TERM <input type="checkbox"/> WITHDRAWAL DURING DROP PERIOD <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED (If checked, complete Item 9 & 11) <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED <input type="checkbox"/> END OF TERM OR COURSE <input type="checkbox"/> UNSATISFACTORY ATTENDANCE, CONDUCT, OR PROGRESS <input type="checkbox"/> GRADUATION <input type="checkbox"/> WITHDRAWAL OR INTERRUPTION (Noncollege Degree Programs not on term basis- see Instructions) <input checked="" type="checkbox"/> OTHER (Explain in Item 12, Remarks)		
C. LAST DATE CREDIT ACCRUED (For non-college degree courses only)			
7. ADJUSTMENT OF CREDIT OR CLOCK HOURS (Complete Items A, B, and C thru H as applicable)			
A. DATE ADJUSTMENT IS EFFECTIVE	B. TYPE OF ADJUSTMENT <input type="checkbox"/> INCREASE <input type="checkbox"/> INCREASE ON FIRST DAY OF TERM <input type="checkbox"/> REDUCTION ON FIRST DAY OF TERM <input type="checkbox"/> REDUCTION DURING DROP PERIOD <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED (If checked, complete Item 9 & 11) <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED <input type="checkbox"/> STUDENT COMPLETED TERM, BUT NONPUNITIVE GRADES ASSIGNED FOR ONE OR MORE COURSES (If checked, complete Item 8) <input type="checkbox"/> REDUCTION (Noncollege Degree Programs not on term basis- see Instructions) <input type="checkbox"/> OTHER (Explain in Item 9, Remarks)		
C. CREDIT HOURS BEFORE ADJUSTMENT	D. CREDIT HOURS AFTER ADJUSTMENT	E. TRAINING TIME AFTER ADJUSTMENT (For graduate and advanced professional) <input type="checkbox"/> FULL TIME <input type="checkbox"/> 3/4 TIME <input type="checkbox"/> 1/2 TIME <input type="checkbox"/> LESS THAN 1/2 TIME <input type="checkbox"/> 1/4 TIME OR LESS	
F. CLOCK HOURS OR HIGH SCHOOL UNITS BEFORE ADJUSTMENT	G. CLOCK HOURS OR HIGH SCHOOL UNITS AFTER ADJUSTMENT	H. REVISED ENDING DATE	
8. CHARGES FOR PERIOD OF ENROLLMENT (Complete this item for in-service students, student's whose training load after adjustment is less than 1 2 time and all chapter 33 students that have a change in status. List the charges for the adjusted load by school year, term, or other period. This item does not apply to students receiving chapter 32 or 1606 benefits)		A. TUITION \$	B. FEES \$
9. DO PREVIOUS CERTIFICATIONS FOR SUBSEQUENT TERMS REMAIN UNCHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. CALLUP TO ACTIVE DUTY (Complete if student called to active duty- see Instructions) <input type="checkbox"/> STUDENT CALLED UP - No Credit Granted <input type="checkbox"/> STUDENT CALLED UP - Credit Granted	
MITIGATING CIRCUMSTANCES (Complete only if indicated by Item 6 or 7)			
11. DOES THE STUDENT CLAIM THAT TERMINATION OR ADJUSTMENT ACTIONS INVOLVED MITIGATING CIRCUMSTANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN (If "Yes," attach student's statement together with the student's supporting evidence)			
12. REMARKS Trainee resigned.			
IT IS HEREBY CERTIFIED THAT the student's status changed on the date indicated and in accordance with the facts shown above.			
13A. DATE 01/31/2017	13B. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL		13C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include Facility Code) ABCD Electric Company 1111 New Company Rd., Fast Life, VA 9999

VA FORM
NOV 2008

22-1999b

SUPERSEDES VA FORM 22-1999b, AUG 2005,
WHICH WILL NOT BE USED.

VA Copy 1

BLANK FORMS

DVA Forms

Form Name	Description
VA Form 22-1990	Application for veterans to apply for educational benefit. Veterans can apply online at http://DVAbenefits.vba.va.gov/vonapp/main.asp
VA Form 22-1990e	Application for veterans who transfer their educational benefits to a dependent (spouse or child) Post 9/11 recipients only. Spouse or Child may apply online at http://DVAbenefits.vba.va.gov/vonapp/main.asp
VA Form 22-1995	Trainees are required to report a change in the facility they are attending. This form can be completed online via https://www.ebenefits.va.gov
VA Form 22-1999-side B	This form is completed to begin the payment process for the beneficiary to receive educational benefits.
VA Form 22-1999b	Changes to the trainees initial 1999 must be sent via this form.
VA Form 22-5490	Application for spouse or child to apply for educational benefit (Chapter 35). May apply online at http://DVAbenefits.vba.va.gov/vonapp/main.asp
VA Form 22-5495	Dependent trainees (spouse or child) are required to report a change in the facility they are attending. This form can be completed online via https://www.ebenefits.va.gov
VA Form 22-8864	The form is the training agreement between the veteran and company as a contract to the terms of his training.
VA Form 22-6553d-1	Form to certify hours to the DVA for the trainee to receive payment on a monthly basis.
Monthly Progress and Attendance Record	Veteran is responsible for tracking and logging his hours worked. This should be kept in the trainees file.
VA-From 22-8794	Facilities must notify the SAA and DVA when their point of contact has changed at their company. Contact the SAA or ELR for a copy of this form.
Application for Revised Approval for On-the-Job Training and Apprenticeship Programs	This form is only for OJT/ Apprenticeships to make changes to their original approval and add new programs for approval.

**DEPARTMENT OF VETERANS SERVICES
VETERANS EDUCATION, TRAINING AND EMPLOYMENT
ATTN: STATE APPROVING AGENCY
101 N. 14th STREET, 17TH FLOOR
RICHMOND, VIRGINIA 23219**

***Application for Revised Program Approvals
On-the-Job Training and Apprenticeships***

Purpose: This application should be completed only when requesting approval of new programs, change in wage rate, withdrawing programs; change in name of programs and change in clock hours. For all other request or questions regarding this application please contact the SAA via email at saa@dvs.virginia.gov or call 804-225-2298.

Establishment Name:		Date of Request:	
Address 1:		Type of Facility:	
Address 2:		<input type="checkbox"/> Apprenticeship	
City:		<input type="checkbox"/> On-The-Job Training	
State:	Zip Code:	Training Establishment Status	
Facility Code:		<input type="checkbox"/> Public <input type="checkbox"/> Private	
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you registered with DOLI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
General Information			
Official (s) who will serve as Contact person for approval:		Effective Start Date of Programs:	
Phone: Fax: E-mail:		# of Veterans enrolled or waiting to enroll:	
All Training Establishments (including Deemed Approved)			
Training Establishments are required to submit any changes in status, such as; <ol style="list-style-type: none"> 1. Change in address 2. Changes in wage rates 3. Change in status with the Department of Labor and Industry (DOLI) 4. Closure of Establishment 			
Type of Action Requested			
<i>Please check the following item(s) that you are requesting approval:</i>			
<input type="checkbox"/> New Program		<input type="checkbox"/> Change in Training Hours	
<input type="checkbox"/> Program Withdrawal		<input type="checkbox"/> Program Name Change	
<input type="checkbox"/> Policy Change		<input type="checkbox"/> Change in Wage Rate	
		Old Wage Rate:	
		New Wage Rate:	
<i>(Attached supporting documentation as needed)</i>			
Remarks/Comments:			

Requested Documentation (<i>Must be submitted in duplicate</i>)				
For requesting approval for new program(s), change in clock hours, or name change provide the following: The work processes with hours and descriptions of each job task required for the program, and total number of hours to complete the program required.				
Program Listing				
<i>Please complete the appropriate box below using this legend:</i> NP=New Program, include the total number of clock hours of the program. NC= Name Change-list the previous name of the program beside the new name in parentheses. PW=Program Withdrawal				
Revised Programs				
Name of Program	NP	NC	Clock Hrs	PW
Please list all attachments provided by the Training Establishment				
Certification				
I hereby certify that all attached documents and the information contained in this request is true and correct in content and policy. Further the training establishment agrees to furnish any additional information needed by the State Approving Agency to its duly authorized representative by request.				
Signature of Officer of Training Establishment			Title	Date



DESIGNATION OF CERTIFYING OFFICIAL(S)

GENERAL INSTRUCTIONS

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

SPECIFIC INSTRUCTIONS

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code)

FOR VA USE ONLY

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) (Include Area Code)

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) (Include Area Code)

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)		(2)	
(3)		(4)	

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT (Continued)			
C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:			
NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
6. REMARKS			
It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.			
7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL			8. DATE
PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.			
Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use is allowing VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted by applicants, recipients, and others is subject to verification through computer matching programs with other agencies.			
Important Notice About Information Collection: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (38 U.S.C. 3684). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINVC.html#VA . If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.			



PART I - GENERAL INFORMATION

PART II - TRAINING AGREEMENT

16. WAGE PROGRESSION TOWARD THE JOURNEYWORKER WAGE

A. PERIOD	B. NUMBER OF MONTHS	C. WAGE LEVEL	A. PERIOD	B. NUMBER OF MONTHS	C. WAGE LEVEL
1ST		\$ PER	6TH		\$ PER
2ND		\$ PER	7TH		\$ PER
3RD		\$ PER	8TH		\$ PER
4TH		\$ PER	9TH		\$ PER
5TH		\$ PER	10TH		\$ PER

\$ PER

18A. COURSE CURRICULUM UNITS, OR TRAINING OUTSIDE THE JOB NECESSARY FOR THIS TRADE <i>(If required)</i>	18B. LOCATION OF RELATED TRAINING/INSTRUCTION
---	---

19. SIGNATURE OF TRAINEE	20. SIGNATURE AND TITLE OF ESTABLISHMENT DESIGNEE
--------------------------	---

VA FORM
DEC 2010

22-8864

EXISTING STOCKS OF VA FORM 22-8864, NOV 2007,
WILL BE USED.

COPY 1

OTHER ON-THE-JOB TRAINING STANDARDS

- I. HOURS AND SUPERVISION - The trainee shall work the same hours as the instructor and shall work under the supervision of the instructor at all times.
- II. SAFETY AND HEALTH TRAINING - The VA trainee will receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities. The establishment shall also ensure that the trainee is trained in facilities and other environments that are safe and healthful.
- III. ADMINISTRATIVE PROCEDURES - The following shall be the responsibility of the participating establishment:
- A. To see that all VA trainees are covered by a written agreement.
 - B. To notify the VA Regional Processing Office in writing of any interruption or termination of training by each VA trainee.
 - C. To maintain a record of each VA trainee showing his or her experience and progress in learning the occupation until 3 years after completion of the training program.
- IV. COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964 - The establishment agrees to comply with the provisions of Title VI, Civil Rights Acts of 1964.
- V. COMPLIANCE WITH TRAINING STANDARDS - These standards, as approved by VA, become a part of the Training Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards. The employer will provide every VA trainee entering into an Other On-The-Job Training Agreement with a copy of the Agreement with these Standards. The employer will send two copies of the completed Agreement to VA. The terms of this training agreement are in compliance with the requirements of section 21.4262, Title 38, Code of Federal Regulations.

APPRENTICESHIP TRAINING STANDARDS

- I. DEFINITION AND TERM OF APPRENTICESHIP - The term "apprentice" shall mean a person at least _____ years of age who is employed to learn a skilled trade pursuant to the terms of a written Apprenticeship Agreement with the establishment. The Agreement will provide for (a) not less than _____ years of reasonably continuous employment, (b) participation of the apprentice in an approved schedule of work experience through employment, and (c) at least the number or hours per year of supplemental instruction in subjects related to the trade specified by the U.S. DOL (Department of Labor). (The DOL usually requires at least 144 hours per year.)
- II. QUALIFICATIONS OF APPRENTICESHIP APPLICANTS - VA apprenticeship applicants for this trade shall be between the ages of _____ and _____ and should be, if possible, high school graduates or the equivalent and be able to meet the requirements of the trade.
- III. PROBATIONARY PERIOD - All apprentices employed in accordance with these standards shall be subject to a probationary period not exceeding the first _____ of the term of apprenticeship. During this period, the Apprenticeship Agreement may be terminated at the request of either party to the Agreement.
- IV. HOURS AND SUPERVISION - The apprentice shall work the same hours as the journeyworker and shall work under the supervision of the journeyworker at all times.
- V. WAGE PROGRESSION - This standard must include a uniform, progressive schedule of wages.
- VI. RELATED SCHOOL INSTRUCTION
- A. Each apprentice shall enroll in and attend classes in subjects related to this trade for not less than the number of hours yearly specified by the U.S. DOL during the term of apprenticeship. Apprentice related training should be arranged through local education agencies, the Community College system, or private vocational schools. If institutional training is not available locally, such related training may be given by a course applicable to the trade taken through correspondence (or other forms of self-study approved by the registration/approval agency), or an individualized instruction program of classroom training in the training establishment will be substituted.
 - B. Failure on the part of the apprentice to regularly attend class and/or progress satisfactorily in approved related training will be deemed sufficient cause to drop the apprentice from the entire training program.
 - C. Trade journals, manuals, books, publications, etc., applicable to the trade may be used in supervised training.
 - D. The minimum number of related training hours per year are not classified as hours of employment unless given during regular working hours for which wages are paid.
 - E. Curriculum content is described in Items 18A and 18B of the Apprenticeship Agreement.
- VII. SAFETY AND HEALTH TRAINING - The apprentice shall receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities.
- VIII. ADMINISTRATIVE PROCEDURES - The following shall be the responsibility of the participating establishment:
- A. To see that all apprentices are covered by a written agreement.
 - B. To notify the VA Regional Processing Office in writing of any interruption or termination of training by each apprentice.
 - C. To maintain a record of each apprentice showing his or her experience and progress in learning the occupation until 3 years after completion of the training program.
- IX. GRANTING CERTIFICATE OF COMPLETION OF APPRENTICESHIP - After satisfactory completion of apprenticeship under these standards, each apprentice shall be furnished with a Certificate of Completion of Apprenticeship.
- X. COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964 - The establishment agrees to comply with the provisions of Title VI, Civil Rights Act of 1964.
- XI. COMPLIANCE WITH APPRENTICESHIP STANDARDS - These standards, as approved by VA, are made a part of the Apprenticeship Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards.
- OTHER INFORMATION - Every apprentice entering into an Apprenticeship Training Agreement will be given a copy of these standards. Two copies will be forwarded to VA. The terms of this training agreement are in compliance with the requirements of section 21.4261, Title 38, Code of Federal Regulations.

Education Liaison Representative

Date Signed



Department of Veterans Affairs

Side

B

VA ENROLLMENT CERTIFICATION

IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-job training programs.

1. NAME OF STUDENT (First, Middle, Last)	2. VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's social security number)
3. CURRENT ADDRESS OF STUDENT	4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2)
	5. NAME OF PROGRAM
6. TYPE OF TRAINING <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB	7. CREDIT FOR PREVIOUS TRAINING (Not Flight)

VOCATIONAL FLIGHT TRAINING (See Instructions)

8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING					8B. DATE TRAINING BEGAN IN CURRENT COURSE
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS		
8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE					8D. TOTAL CHARGES
DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	OTHER	
					\$

CORRESPONDENCE TRAINING**IMPORTANT: A VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before VA can authorize payment for this correspondence course.**

9A. DATE FIRST LESSON SENT TO STUDENT	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT	9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," show lesson number and date serviced in Item 11, "Remarks")
---------------------------------------	---	----------------------------------	--

APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING**IMPORTANT: A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, "Remarks.")**

10A. TRAINING DATES (Month, Day, Year)		10B. TYPE OF TRAINING <input type="checkbox"/> APPRENTICESHIP <input type="checkbox"/> OTHER-ON-THE-JOB	10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM	10D. NUMBER OF HOURS IN STANDARD WORK WEEK
BEGINNING	ENDING		HRS.	HRS.
			HRS.	HRS.
			HRS.	HRS.

11. REMARKS

CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.

12A. FACILITY CODE	12B. SCHOOL NAME AND ADDRESS	
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	12D. SIGNATURE OF CERTIFYING OFFICIAL	12E. DATE SIGNED

MONTHLY PROGRESS AND ATTENDANCE RECORD

Apprenticeship and On-The-Job Training Programs

(To be kept on file at company Office)

VETERAN _____ MONTH/YEAR _____

AREA OF TRAINING TAKEN FROM BREAKDOWN OF WORK PROCESSES

DAY OF MONTH/WEEK	1	2	3	4	5	6	7	8	9	10	TOTAL
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
TOTAL											

I certify the above hours have been satisfactory worked in the area as indicated

Signature of Supervisor



Department of Veterans Affairs

NOTICE OF CHANGE IN STUDENT STATUS

1. NAME OF STUDENT (First, Middle, Last)		2. VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's Social Security Number)	
3. CURRENT ADDRESS OF STUDENT		4. SOCIAL SECURITY NO. OF APPLICANT (If not entered on Item 2 above)	
5. DATES OF TERM AFFECTED			
A. BEGIN DATE		B. END DATE	
5. TERMINATION (Complete Items A and B, and C if applicable)			
A. LAST DATE OF ATTENDANCE	B. REASON FOR TERMINATION <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> WITHDRAWAL BEFORE BEGINNING OF TERM <input type="checkbox"/> WITHDRAWAL DURING DROP PERIOD <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED (If checked, complete Item 9 & 11) <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED </div> <div style="width: 48%;"> <input type="checkbox"/> END OF TERM OR COURSE <input type="checkbox"/> UNSATISFACTORY ATTENDANCE, CONDUCT, OR PROGRESS <input type="checkbox"/> GRADUATION <input type="checkbox"/> WITHDRAWAL OR INTERRUPTION (Noncollege Degree Programs not on term basis- see Instructions) <input type="checkbox"/> OTHER (Explain in Item 12, Remarks) </div> </div>		
C. LAST DATE CREDIT ACCRUED (For non-college degree courses only)			
7. ADJUSTMENT OF CREDIT OR CLOCK HOURS (Complete Items A, B, and C thru H as applicable)			
A. DATE ADJUSTMENT IS EFFECTIVE	B. TYPE OF ADJUSTMENT <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INCREASE <input type="checkbox"/> INCREASE ON FIRST DAY OF TERM <input type="checkbox"/> REDUCTION ON FIRST DAY OF TERM <input type="checkbox"/> REDUCTION DURING DROP PERIOD <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED (If checked, complete Item 9 & 11) </div> <div style="width: 48%;"> <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED <input type="checkbox"/> STUDENT COMPLETED TERM, BUT NONPUNITIVE GRADES ASSIGNED FOR ONE OR MORE COURSES (If checked, complete Item 8) <input type="checkbox"/> REDUCTION (Noncollege Degree Programs not on term basis- see Instructions) <input type="checkbox"/> OTHER (Explain in Item 9, Remarks) </div> </div>		
C. CREDIT HOURS BEFORE ADJUSTMENT	D. CREDIT HOURS AFTER ADJUSTMENT	E. TRAINING TIME AFTER ADJUSTMENT (For graduate and advanced professional) <input type="checkbox"/> FULL TIME <input type="checkbox"/> 3/4 TIME <input type="checkbox"/> 1/2 TIME <input type="checkbox"/> LESS THAN 1/2 TIME <input type="checkbox"/> 1/4 TIME OR LESS	
F. CLOCK HOURS OR HIGH SCHOOL UNITS BEFORE ADJUSTMENT	G. CLOCK HOURS OR HIGH SCHOOL UNITS AFTER ADJUSTMENT	H. REVISED ENDING DATE	
8. CHARGES FOR PERIOD OF ENROLLMENT (Complete this item for in-service students, student's whose training load after adjustment is less than 1/2 time and all chapter 33 students that have a change in status. List the charges for the adjusted load by school year, term, or other period. This item does not apply to students receiving chapter 32 or 1606 benefits).		A. TUITION \$	B. FEES \$
9. DO PREVIOUS CERTIFICATIONS FOR SUBSEQUENT TERMS REMAIN UNCHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. CALLUP TO ACTIVE DUTY (Complete if student called to active duty- see Instructions) <input type="checkbox"/> STUDENT CALLED UP - No Credit Granted <input type="checkbox"/> STUDENT CALLED UP - Credit Granted	
MITIGATING CIRCUMSTANCES (Complete only if indicated by Item 6 or 7)			
11. DOES THE STUDENT CLAIM THAT TERMINATION OR ADJUSTMENT ACTIONS INVOLVED MITIGATING CIRCUMSTANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN (If "Yes," attach student's statement together with the student's supporting evidence)			
12. REMARKS			
IT IS HEREBY CERTIFIED THAT the student's status changed on the date indicated and in accordance with the facts shown above.			
13A. DATE	13B. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	13C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include Facility Code)	

MONTHLY CERTIFICATION OF ON-THE-JOB
AND APPRENTICESHIP TRAINING

VA FILE NUMBER

PAYEE

TRAINEE'S NAME AND ADDRESS

IMPORTANT: Read the instructions carefully. You and the employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. Call 1-888-GI-BILL-1 (1-888-442-4551), if you have questions. If you use the Telecommunications Device for the Deaf (TDD) call the Federal Relay number is 711.

INSTRUCTIONS TO TRAINEE

ITEMS 1 AND 2 - Enter the number of hours worked for each month/year shown (include any hours of related training given during working hours).

ITEM 3 - Check the appropriate box, and if training has been terminated, complete Items 4 and 5. If you have attained the complete job skills for your job (a "journeyman" knowledge and skills), show this information in Item 5.

ITEMS 6A, 6B, AND 6C - Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show your new wage rate and the effective date of that wage rate (when you first received this wage rate).

ITEM 7 - Use Item 7, Remarks, to show any additional information concerning your wage rate. Also, if you are receiving additional educational allowance for dependents use this item to report any change in the number of your dependents.

ITEMS 8A and 8B - Sign and date the form. After signing and dating the form give it to your employer/certifying official or an authorized official of your training establishment for verification.

CHANGE OF ADDRESS - If you are changing your address permanently, neatly line out the preprinted address shown above. Then, print or type your new address in the remaining space. Be sure to include your ZIP Code.

INSTRUCTIONS TO EMPLOYER/CERTIFYING OFFICIAL

Please verify the number of hours worked and other information reported by the trainee in Items 1 through 6 with the payroll and training records. Please report any differences in Items 6 and/or 7.

Also use Item 7 if the trainee's conduct or progress is unsatisfactory or if the trainee has attained the complete job skills for the job (a "journeyman" knowledge and skills).

ITEMS 9A and 9B - Sign and date the form and return it to the VA office shown above.

If you have any questions, call VA toll-free at 1-888-GI Bill (1-888-442-4551).

1. MONTH(S)/YEAR TO BE CERTIFIED	2. NUMBER OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1?	4. DATE TERMINATED (Month, day, year)	
		<input type="checkbox"/> YES		
		<input type="checkbox"/> NO (If "No," complete Items 4 and 5)		
		5. REASON FOR TERMINATION		
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE	6C. EFFECTIVE DATE
		<input type="checkbox"/> YES		
		<input type="checkbox"/> NO (If "No," complete Items 6B and 6C)		
7. REMARKS				
<input type="checkbox"/> I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.				
PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.				
8A. SIGNATURE OF TRAINEE (Please sign in ink)			8B. DATE SIGNED	
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL (Please sign in ink)			9B. FACILITY CODE	9C. DATE SIGNED

FILE NUMBER:

**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING****PART I - IDENTIFICATION AND PERSONAL INFORMATION**

1A. NAME OF APPLICANT (<i>First, Middle, Last</i>)		VA DATE STAMP DO NOT WRITE IN THIS SPACE
1B. MAILING ADDRESS (<i>Complete street address, City, State, and 9-digit ZIP Code</i>)		
1C. APPLICANT'S TELEPHONE NUMBER (<i>Including Area Code</i>)		1D. VA FILE NUMBER
DAY	EVENING	
1E. APPLICANT'S E-MAIL ADDRESS		1F. SOCIAL SECURITY OF APPLICANT (<i>For transferability cases, enter the veteran's social security number</i>)

PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE (<i>Only Select One</i>)		
A. <input type="checkbox"/> CHAPTER 33 (<i>Post-9/11 GI BILL</i>)	C. <input type="checkbox"/> CHAPTER 32 (<i>Veterans Educational Assistance Program including section 903</i>)	E. <input type="checkbox"/> CHAPTER 1607 (<i>Reserve Educational Assistance Program</i>)
B. <input type="checkbox"/> CHAPTER 30 (<i>Montgomery GI Bill - Active Duty</i>)	D. <input type="checkbox"/> CHAPTER 1606 (<i>Montgomery GI Bill - Selected Reserve</i>)	F. <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM
3. HOW WILL YOU TAKE TRAINING?		
A. <input type="checkbox"/> SCHOOL ATTENDANCE	D. <input type="checkbox"/> COOPERATIVE TRAINING	G. <input type="checkbox"/> LICENSING & CERTIFICATION TEST
B. <input type="checkbox"/> CORRESPONDENCE	E. <input type="checkbox"/> TUITION ASSISTANCE TOP-UP (<i>Active Duty Only</i>)	H. <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
C. <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	F. <input type="checkbox"/> FLIGHT TRAINING	
4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?		4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?
4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (<i>If applicable</i>)		4D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT
4E. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.		

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT (<i>Attach a voided personal check or provide the information in items A through D below. Direct Deposit is not available for Chapter 32 recipients. See instructions for additional Direct Deposit information.</i>)		
A. TYPE OF ACCOUNT		
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER

PART IV - MISCELLANEOUS INFORMATION

6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)

QUESTIONS	YES (✓)	NO (✓)
A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/>	<input type="checkbox"/>
B. DO YOU HAVE ANY CHILDREN WHO ARE :		
(1) UNDER AGE 18 OR	<input type="checkbox"/>	<input type="checkbox"/>
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR	<input type="checkbox"/>	<input type="checkbox"/>
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	<input type="checkbox"/>	<input type="checkbox"/>
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	<input type="checkbox"/>	<input type="checkbox"/>

7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for **each period** of active service. (Don't report Active Duty for Training.)

A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If yes send in copies of your orders)		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS)
		YES (✓)	NO (✓)		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)

8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee)

☐ YES ☐ NO

9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty)

☐ YES ☐ NO

10. REMARKS

PART V - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

11A. SIGNATURE OF APPLICANT (DO NOT PRINT)

SIGN HERE IN INK ►

11B. DATE SIGNED



Department of Veterans Affairs

APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT

 — —

2. SEX OF APPLICANT

☐ MALE ☐ FEMALE

3. APPLICANT'S DATE OF BIRTH

Month — Day — Year

4. NAME (First, Middle Initial, Last)

5. APPLICANT'S ADDRESS

Number and Street

Apt./Unit Number

City, State, ZIP Code

6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)

Primary: Secondary:

6B. APPLICANT'S E-MAIL ADDRESS (If applicable)

7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit is not available for Chapter 32 recipients. See instructions for additional Direct Deposit information.)

Routing or Transit Number

Account Type

Account Number

Checking ☐ Savings ☐

8. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

A. NAME

B. ADDRESS

C. PHONE NUMBER

PART II - EDUCATION BENEFIT BEING APPLIED FOR *See instructions for benefit eligibility criteria*☐ 9A. Chapter 33 - Post-9/11 GI Bill (Complete 9F if you are eligible for chapter 30, chapter 1606, or chapter 1607)☐ 9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)☐ 9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)☐ 9D. Chapter 1607 - Reserve Educational Assistance Program (REAP)☐ 9E. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)☐ 9F. By electing Chapter 33, I acknowledge that I understand the following:

- I may not receive more than a total of 48 months of benefits under two or more programs.
- If electing chapter 33 in lieu of chapter 30, my months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of my election.
- My election is **irrevocable** and may not be changed.

I elect to receive chapter 33 education benefits in lieu of the education benefit checked below, effective

I understand that my election is irrevocable and may not be changed. (Check only one)

☐ Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)☐ Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)☐ Chapter 1607 - Reserve Educational Assistance Program (REAP)

(date)

PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING

10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)

☐ COLLEGE OR OTHER SCHOOL (Including on-line courses)☐ VOCATIONAL FLIGHT TRAINING☐ NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)☐ LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)☐ APPRENTICESHIP OR ON-THE-JOB☐ CORRESPONDENCE☐ TUITION ASSISTANCE TOP-UP (Chapter 30 & 33 only)

VA DATE STAMP

(Do Not Write In This Space)

10B. PROVIDE THE FULL NAME AND ADDRESS OF THE SCHOOL, IF KNOWN *(Skip this item if you are only applying for National Test Reimbursement, Licensing and Certification Test Reimbursement, or Tuition Assistance Top-Up)*

10C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN *(e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)*

PART IV - SERVICE INFORMATION

NOTE: It will help VA process your claim if you send a copy of the following:

- DD Form 214 (Member 4) for all periods of active duty service (excluding active duty for training)
- DD Form 2384, Notice of Basic Eligibility (NOBE) if applying for Chapter 1606
- Copies of orders if activated from the guard/reserves

11. ARE YOU NOW ON ACTIVE DUTY? *(Do not check "Yes" if you are currently on drilling status in the the Selected Reserve, or if you are on active duty for training)*

☐ YES ☐ NO

12. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?

☐ YES ☐ NO *(Please provide a copy of your DD Form 214 (Member 4) when issued)*

13. PLEASE COMPLETE THE FOLLOWING FOR EACH PERIOD OF MILITARY SERVICE

A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPONENT <i>(USN, USAF, USAR, ARNG, ETC.)</i>	D. SERVICE STATUS <i>(Active duty, drilling reservist, IRR, etc.)</i>	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?
9/26/2000	9/24/2004	USMC (EXAMPLE)	ACTIVE DUTY	NO
1/18/2005	8/14/2007	USMCR	DRILLING	N/A
8/15/2007	Present	USMC	ACTIVE DUTY	YES

PART V - EDUCATION AND EMPLOYMENT INFORMATION

14A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? *(If "Yes" provide date)*

☐ YES DATE: ☐ NO

14B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? *(If "Yes," specify each certificate in Part IX, Remarks)*

☐ YES ☐ NO

14C. EDUCATION AFTER HIGH SCHOOL *(Including apprenticeship, on-the-job training, and flight training)*

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER	DATES OF TRAINING		NUMBER AND TYPE OF HOURS <i>(Semester, Quarter, or Clock)</i>	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

14D. EMPLOYMENT *(Only complete if you held a license or journeyman rating to practice a profession)*

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBERS OF MONTHS WORKED	LICENSE OR RATING
BEFORE MILITARY SERVICE			
AFTER MILITARY SERVICE			

PART VI - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE

15. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO \$600.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM <i>(e.g., cash collection voucher, leave and earnings statement(s), receipt voucher, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. DO YOU QUALIFY FOR A KICKER (sometimes called a "College Fund") BASED ON YOUR MILITARY SERVICE? (Kickers are additional amounts contributed by DOD to an education fund). If you qualify for a kicker, it will help VA process your claim if you submit a copy of the kicker contract. Reserve kicker contracts must include the amount and effective date.	ACTIVE DUTY KICKER <input type="checkbox"/> YES <input type="checkbox"/> NO RESERVE KICKER <input type="checkbox"/> YES <input type="checkbox"/> NO
17. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.	Graduation Year <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
18. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (stipend). Scholarship Amounts: Year: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Amount: <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Year: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Amount: <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Year: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Amount: <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Year: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Amount: <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Year: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Amount: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<input type="checkbox"/> YES <input type="checkbox"/> NO Date of Commission <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
19. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM THAT PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107 OF TITLE 10, U.S. CODE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, CHECK "YES". SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN PART IX "REMARKS".	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. FOR ACTIVE DUTY CLAIMANTS ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING BUT NOT LIMITED TO FEDERAL TUITION ASSISTANCE) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES." NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK NO IN THIS ITEM.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING, BUT NOT LIMITED TO, THE GOVERNMENT EMPLOYEES TRAINING ACT) FROM YOUR AGENCY FOR THE SAME PERIOD FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES."	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: The most current information on VA education benefits is available online at www.gibill.va.gov.
If you would like to receive a printed pamphlet check here. ☐

NOTE : Only complete this section if you have military service before January 1, 1977 (or delayed entry before January 2, 1978). See instructions.

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

(If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security number on each sheet)

Did you remember to

- Write your social security number on each page?
- Write your complete mailing address?
- Attach all supporting documents (*e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.*)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

26B. DATE SIGNED



Department of Veterans Affairs

APPLICATION FOR FAMILY MEMBER TO USE TRANSFERRED BENEFITS

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT	2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. APPLICANT'S DATE OF BIRTH Month Day Year ____ ____ ____			
4. NAME (First, Middle Initial, Last) _____					
5. APPLICANT'S ADDRESS Number and Street _____ Apt./Unit Number _____ City, State, ZIP Code _____					
6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code) Primary: _____ Secondary: _____					
6B. APPLICANT'S E-MAIL ADDRESS (If applicable) _____					
7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. See instructions for additional Direct Deposit information.) <table style="width: 100%;"> <tr> <td style="width: 33%;">Routing or Transit Number ____</td> <td style="width: 33%;">Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/></td> <td style="width: 33%;">Account Number ____</td> </tr> </table>			Routing or Transit Number ____	Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number ____
Routing or Transit Number ____	Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number ____			
8A. RELATIONSHIP TO SERVICE MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	8B. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," provide date) <input type="checkbox"/> YES DATE: _____ <input type="checkbox"/> NO				

PART II - BENEFIT TRANSFERRED AND TYPE AND PROGRAM OF EDUCATION OR TRAINING

9A. BENEFIT TRANSFERRED TO YOU (Select one box) <input type="checkbox"/> CHAPTER 33 - POST-9/11 GI BILL <input type="checkbox"/> CHAPTER 30 - MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (MGIB) <input type="checkbox"/> CHAPTER 1606 - MONTGOMERY GI BILL-SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (MGIB-SR) <input type="checkbox"/> CHAPTER 1607 - RESERVE EDUCATIONAL ASSISTANCE PROGRAM (REAP)	9B. TYPE OF EDUCATION OR TRAINING (See instructions for additional information) <input type="checkbox"/> COLLEGE OR OTHER SCHOOL (Including on-line courses) <input type="checkbox"/> VOCATIONAL FLIGHT TRAINING <input type="checkbox"/> NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.) <input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.) <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> TUITION ASSISTANCE TOP-UP	
9B. FULL NAME AND ADDRESS OF SCHOOL, IF KNOWN <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		VA DATE STAMP (Do Not Write In This Space)
9C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN (e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		



DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS

(Under Provisions of chapters 33 and 35, of title 38, U.S.C.)

INTERNET VERSION AVAILABLE - You may complete and submit your application online at: www.qibill.va.gov

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER		2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3. DATE OF BIRTH																										
4. NAME (FIRST-MIDDLE-LAST)																														
5. CURRENT MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)																														
6. TELEPHONE NUMBER(S) (Including Area Code)																														
PRIMARY			SECONDARY																											
7. E-MAIL ADDRESS (If applicable)																														
8. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. See instructions for additional information.)																														
ROUTING OR TRANSIT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
9. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED																														
A. NAME		B. ADDRESS		C. TELEPHONE NUMBER (Include Area Code)																										

PART II - QUALIFYING INDIVIDUAL INFORMATION

10. NAME OF INDIVIDUAL ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED (FIRST- MIDDLE -LAST)		
11. SOCIAL SECURITY NUMBER OR VA FILE NUMBER		12. BRANCH OF SERVICE
13. DATE OF BIRTH	14. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.	15. IS QUALIFYING INDIVIDUAL CURRENTLY ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
16. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		
17. DO YOU OR THE QUALIFYING INDIVIDUAL ON WHOSE ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING FELONY AND/OR WARRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PART III - BENEFIT AND TYPE OF EDUCATION OR TRAINING

<p>18A. TYPE OF BENEFIT</p> <p><input type="checkbox"/> CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRY SCHOLARSHIP)</p> <p><input type="checkbox"/> CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)</p>	<p>VA DATE STAMP (For VA Use Only)</p>
<p>18B. TYPE OF TRAINING</p> <p><input type="checkbox"/> COLLEGE OR OTHER SCHOOL</p> <p><input type="checkbox"/> FARM COOPERATIVE</p> <p><input type="checkbox"/> LICENSING OR CERTIFICATION TEST</p> <p><input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING</p> <p><input type="checkbox"/> NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT</p> <p><input type="checkbox"/> CORRESPONDENCE COURSE (DEA Children not eligible)</p> <p><input type="checkbox"/> FLIGHT TRAINING (Fry Scholarship only)</p>	

19. NAME AND ADDRESS OF SCHOOL OR TRAINING FACILITY (Number and street or rural route, city or P.O., State and ZIP Code)

20. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE, IF KNOWN (e.g., Bachelor of Arts in Accounting, Welding Certificate, Police Officer)

21. DATE YOU WILL BEGIN SCHOOL OR TRAINING

MONTH

DAY

YEAR

 PART IV - DEA APPLICANT AND ELECTION INFORMATION
(Fry Scholarship Applicants, Skip to Part V)**SECTION I - APPLICANT INFORMATION**

22. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?

☐ YES ☐ NO

23. ARE YOU A HANDICAPPED CHILD (14 YEARS OR OLDER), SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING?

☐ YES ☐ NO

24. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING?

☐ YES ☐ NO

25. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?

☐ YES ☐ NO (If "Yes," please provide date of remarriage) MONTH DAY YEAR **SECTION II - ELECTION (CHILD APPLICANTS ONLY)****IMPORTANT:** You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' Educational Assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

26. I CERTIFY that I understand the effects of an election to receive DEA benefits and I elect to receive such benefits on the following date:

MONTH

DAY

YEAR

 PART V - APPLICATION HISTORY

27. PRIOR TO THIS APPLICATION, HAVE YOU EVER APPLIED FOR OR RECEIVED ANY OF THE FOLLOWING VA BENEFITS? (Check all appropriate boxes)

A. ☐ DISABILITY COMPENSATION OR PENSIONB. ☐ DEPENDENTS' INDEMNITY COMPENSATION (DIC)C. ☐ VOCATIONAL REHABILITATION BENEFITS (Chapter 31)D. ☐ VETERANS EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE SPECIFY BENEFIT(S): _____E. ☐ VETERANS EDUCATION ASSISTANCE BASED ON SOMEONE ELSE'S SERVICE
SPECIFY BENEFIT(S) BY CHECKING APPLICABLE BOX BELOW AND COMPLETE ITEMS 28 AND 29☐ CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)☐ CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT DAVID FRY SCHOLARSHIP☐ TRANSFERRED ENTITLEMENTF. ☐ NONEG. ☐ OTHER (Specify benefit(s)) _____**IMPORTANT:** Complete Items 28 and 29 only if you checked block "E" in Item 27

28. NAME OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS (First, Middle, Last)

29. SOCIAL SECURITY NUMBER OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

PART VI - APPLICANT'S MILITARY SERVICE INFORMATION

(Note: Chapter 35 benefits are not payable while an eligible person is on active duty)

30. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "No," skip to Part VII)

☐ YES ☐ NO**31. INFORMATION ABOUT YOUR PERIOD(S) OF ACTIVE DUTY**

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART VII - EDUCATION, TRAINING, AND EMPLOYMENT**SECTION I - EDUCATION & TRAINING**

32. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 33

33. DATE

- ☐ GRADUATED FROM HIGH SCHOOL ☐ DISCONTINUED HIGH SCHOOL
☐ EXPECT TO GRADUATE FROM HIGH SCHOOL ☐ AWARDED GED
☐ NEVER ATTENDED HIGH SCHOOL

34A. TYPE OF SCHOOL	34B. NAME AND LOCATION OF SCHOOL (City and State)	34C. DATES OF TRAINING		34D. NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	34E. DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	34F. MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
HIGH SCHOOL						
COLLEGE						
VOCATIONAL OR TRADE						
OTHER (Specify) _____ _____ _____						

SECTION II - EMPLOYMENT**35. CURRENT AND PAST EMPLOYMENT**

A. EMPLOYER	B. JOB TITLE	C. NUMBER OF MONTHS EMPLOYED	D. LICENSE OR RATING

NOTE: Complete Item 36 only if you are a civilian employee of the U.S. Government

36A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSES FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If "Yes," complete Item 36B)

36B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

☐ YES ☐ NO**PART VIII - REMARKS, REMINDERS AND VA EDUCATION BENEFITS PAMPHLET****SECTION I - REMARKS**

37. REMARKS (If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet)

SECTION II - REMINDERS**DID YOU REMEMBER TO:**

- WRITE YOUR SOCIAL SECURITY NUMBER ON EACH PAGE
- WRITE YOUR COMPLETE MAILING ADDRESS
- ATTACH SUPPORTING DOCUMENTS (e.g., birth certificate, marriage license, DD214, etc.)

SECTION III - VA EDUCATION BENEFITS PAMPHLET38. THE MOST CURRENT INFORMATION ON VA EDUCATION BENEFITS IS AVAILABLE ONLINE AT www.gibill.va.gov. IF YOU WOULD LIKE A COPY OF THE VA EDUCATION BENEFITS PAMPHLET PLEASE CHECK THE BOX. ☐**PART IX - CERTIFICATION AND SIGNATURE OF APPLICANT****I CERTIFY THAT** all statements in my application are true and correct to the best of my knowledge and belief.

39A. SIGNATURE OF APPLICANT (DO NOT PRINT)

39B. DATE SIGNED

SIGN HERE
IN INK**PENALTY:** Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

PART IV - BENEFIT AND TYPE OF EDUCATION OR TRAINING

21A. TYPE OF BENEFIT

- ☐ CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRY SCHOLARSHIP)
- ☐ CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)

21B. TYPE OF TRAINING

- ☐ COLLEGE OR OTHER SCHOOL ☐ NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
- ☐ FARM COOPERATIVE ☐ CORRESPONDENCE COURSE *(DEA Children not eligible)*
- ☐ LICENSING OR CERTIFICATION TEST ☐ FLIGHT TRAINING *(Fry Scholarship only)*
- ☐ APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING

22. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE (e.g., *Bachelor of Arts in Accounting, Welding Certificate, Police Officer*)

23. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING TO PURSUE?

24. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU PLAN TO ATTEND *(if applicable)*

25. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF CURRENT OR OLD SCHOOL OR TRAINING ESTABLISHMENT

26. TELL US **WHEN** AND **WHY** YOU STOPPED (or will stop) TRAINING AT YOUR OLD (or current) SCHOOL OR TRAINING ESTABLISHMENT

PART V - REMARKS AND CERTIFICATION

27. REMARKS *(If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet of paper)*

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

28A. SIGNATURE OF APPLICANT *(DO NOT PRINT)*

28B. DATE SIGNED

**Sign Here
In INK**

TERMS/ DEFINITIONS

DVA DEFINITION OF TERMS

The definitions given below are for terms commonly used in the administration of benefits under chapter 30, 32, and 35, title 38, U.S. Code; chapter 106, title 10, U.S. Code and sections 901 and 903 of Public Law 96-342. Some definitions are from title 38 U.S. Code and 38 CFR (Code of Federal Regulations). At times, it will be necessary to refer to title 38 or the CFR for the complete legal definition.

ACCRUED BENEFITS Benefits payable to next of kin or other eligible beneficiaries of a deceased claimant; payments represent amounts due but unpaid at time of death. (See pt. IV, ch. 11, for procedures)

ACDUTRA (ACTIVE DUTY FOR TRAINING) Active duty for training in the Reserves or National Guard. This includes reservists on full-time duty for training purposes in the Armed Forces, or members of the National Guard or Air National Guard of any state, performing full-time training duty under 32 U.S.C. 316, 502, 503, 504, or 505. (See 38 U.S.C. 101 (22) for full definition).

ACCREDITING AGENCY A nationally recognized agency or association that the Secretary of Education determines as a reliable authority on the quality of training offered by an educational institution. The Secretary publishes a list of these agencies and associations which State approving agencies use for establishing what courses may be approved under the provisions of 38u.s.c. 3675.

ACTIVE DUTY Full-time duty in the Armed Forces of the United States. This also includes full-time duty performed by commissioned officers of the Public Health Service and the National Oceanic and Atmospheric Administration. (See 38 U.S.C. 101(21) for a full definition. For the definitions specific to certain benefits, see pt. V, figs. 1.01, 1.02, 1.06, and 1.07, for chapter 30; pt. VI, par. 1.02a, for chapter 32; and pt. VII, par. 1.02f, for chapter 35.)

ADS (ACTIVE DUTY SUPPORT) Reserve components whose members serve full-time in operational or support positions but are never formally called to active duty. (See pt. VIII, par. 1.03e; see also M21-I, pt. IV, pars. 10.02 and 10.03.)

ADVANCE PAYMENT The monetary allowance which may be payable to a trainee for the first fractional (or full) month and the following full month of enrollment. These payments are mailed to schools before the beginning of classes for release to trainees who have completed registration. (See pt. IV, par. 10.02a)

AFFIRMATION OF ENROLLMENT The document (DVA Form 22-1999c) signed by the veteran or eligible person affirming an enrollment contract for a correspondence course. The date of affirmation must be 10 days after the veteran or eligible person has signed the enrollment contract. (See pt. IV, par. 2.15.)

AGR (ACTIVE GUARD RESERVE) A member of the Army Reserve, Air Force Reserve, Army National Guard or Air Force National Guard who is on active duty for purposes other than training. The Marine Corps Reserve equivalent is called *FTS* (Full-Tune Service). (See pt. VIII, par. 1.03e; see also M21-I, pt. IV, pars. 10.02 and 10.03.)

APPRENTICESHIP TRAINING On-the-job training which has been established as an apprentice course by a training establishment, including a course under the supervision of a college or university, any state department of education, state apprenticeship agency, state board of vocational education, joint apprenticeship committee, or the Bureau of Apprenticeship and Training and which has been approved as an apprentice course by the State approving agency (SAA).

ARMED FORCES This means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (See 38 CFR 21.302I (e) for full definition.)

ASSIGNMENT OF BENEFIT Any arrangement by a school that denies the trainee the opportunity to control the proceeds of a check. Section 5301(a) of title 38, U.S. Code, provides that payments of benefits due under the laws administered by DVA shall not be assigned except as specifically authorized by law. There are no laws that authorize assignment of DVA educational checks.

ATTENDANCE The presence of a veteran or eligible person in the class where the approved course is being taught, at a training establishment; or any other place of instruction, training, or study designated by the educational institution or training establishment where the veteran or eligible person is enrolled and is pursuing a program of education. (See 38 CFR 21.4200(q).)

AUDITED COURSE (See pt. IV, par. 11.06.)

BASIC EDUCATIONAL ASSISTANCE A monetary benefit payable to all individuals who meet the basic requirements of chapter 30, title 38, U.S. Code, for pursuit of a program of education. (See 38 CFR 21.7020(b)(4).)

BDC (BENEFITS DELIVERY CENTER) The location where DVA's mainframe computer processing takes center. The two main centers for benefit processing are at Hines, Illinois and Philadelphia, Pennsylvania

BDN (BENEFITS DELIVERY NETWORK) (See *TARGET*.)

BIRLS (BENEFICIARY IDENTIFICATION AND RECORDS LOCATOR SUBSYSTEM) This is a computerized record system directly accessed regional offices by means of computer terminals. It contains basic identifying information on a DVA claimant including current location of the claimant's folder and service information.

BREAK IN SERVICE (This term has a special meaning under chapter 30. See part V, fig. 1.06c.)

CALENDAR MONTH A complete month, for example, the month of June, as opposed to a 30-day period. The most common application of "calendar month" is to the interDVAI between school terms, regarding entitlement to payment for an interval. (See pt. IV, par . 8.0lc.)

C/E (CERTIFICATE OF ELIGIBILITY) A DVA Form 22-1993a issued to an applicant showing approval to pursue a stated program of education at a particular institution, the remaining entitlement of the trainee, and the ending date of the trainee's eligibility . A DVA Form 22-0557 is a computer generated C/E for chapter 30 only. (See pt. III, par . 9.01, and pt V, par . 2.09.)

CERTIFYING OFFICIAL The person at an education institution who has been delegated authority to sign enrollment certifications, other certification documents, and reports relating to VA benefits.

CHANGE OF PROGRAM A change in the educational, professional, or vocational objective for which the claimant entered training. (See 38 CFR 21.4234(a) and pt. fV, ch. 4.)

CHARACTER OF DISCHARGE A service department's characterization of a particular period of service. (For the effect on chapter 30, see pt. V, par . 1.07d; for the other benefits , see pt . III, par. 3.09.)

CLAIMANT An individual who has filed a claim for DVA benefits. This term is used at any stage in the process of resolving the claim. It includes persons who are potentially eligible for benefits, recipients of benefits, and those whose claims have been disallowed.

COD (CERTIFICATION OF DELIVERY OF ADVANCE PAYMENT AND ENROLLMENT) A DVA Form 22-1999V containing preprinted information furnished to schools in a separate envelope when an adDVAnce payment check is issued for one of their trainees. This form must be completed by the certifying official and immediately returned to DVA when the advance payment check is given to the trainee. (See pt. IV, par.10.15.)

COV (CONVENIENCE OF GOVERNMENT) A reason for separation from active duty, which allows discharge before completion of the obligated period of service; a factor in determining eligibility under chapter 30 and 32. (See pt. V, par. I.07d (4), for ch. 30; see pt. VI, par. 3.05b(4), for ch. 32.)

CONCURRENT ENROLLMENT Enrollment at more than one school at the same time (the dates of course pursuit at each school may overlap). When a trainee cannot successfully schedule his or her complete program at one school, or cannot complete his or her program within the planned period to complete an objective, a trainee may pursue courses at a second institution. The primary institution certifies that supplemental school pursuit will be accepted at full credit toward the trainee's course objective. (See pt. IV, par. 1.09b.)

CONFIRMED ENROLLMENT An enrollment certification that is dated and signed by the school's certifying official on or after the first day of a certified enrollment period. (See pt. IV, par. 1.27.)

CONTINUOUS ACTIVE DUTY (This term has a specific meaning under chapter 30. See part V, chapter 1.07b.)

COOPERATIVE PROGRAM A full-time program consisting of alternating phases of school instruction and training in a business or industrial establishment that is strictly supplemental to the school instruction. Alternating periods may be a part-day in school and a part-day on the job or may be periods which alternate on a daily, weekly, monthly, or term basis. The alternate in-school periods of the course must be at least as long as the alternate periods in the business or industrial establishment to be approved for DVA benefit payments. (See pt. IV, par. 7.08.)

CORRESPONDENCE TRAINING Training completed by mail. Lessons are sent to the trainee to be completed at home. Completed lessons are mailed to the school for grading. (See pt. IV, ch. 2.)

COST OF COURSE The total cost for tuition and fees for a course that an educational institution charges to non-veterans whose circumstances are similar to veterans enrolled in the same course. "Cost of course" does not include the cost of supplies or books, which the trainee is required to purchase at his or her expense.

COURSE An individual unit course within an education program or an approved course of study.

DD FORM 214 The Certificate of Release or Discharge from Active Duty which is prepared at the time an individual completes a period of active duty in the Armed Forces. Former members of the Public Health Service and the National Oceanic and Atmospheric Administration do not receive a DD Form 214. Veterans of these branches of service receive comparable documents, which provide necessary information concerning their active duty service. (See pt. V, par. 3.03c, for chapter 30; for other benefits, see pt. III, par. 3.07.)

DEA (DEPENDENTS' EDUCATIONAL ASSISTANCE) PROGRAM -
CHAPTER 35 OF TITLE 38, U.S. CODE (See Survivors' and Dependents' Educational Assistance.)

DEFECTIVE ENLISTMENT An agreement for enlistment into military service which is voided for one of the following reasons: (1) the individual enlisted was a minor for purposes of service in the Armed Forces; (2) the enlistment or induction was erroneous; or (3) the enlistment agreement was defective. A defective enlistment is a factor in chapter 30 eligibility determinations. (See pt. V, par. 1.07a)

DEFICIENCY COURSE Any secondary level course or subject not previously completed satisfactorily but is specifically required for pursuit of a post-secondary program of education. (See 38 CFR 21.4200(s) and pt. III, par. 7.16.)

DELIMITING DATE The first day after a claimant's period of eligibility expires. Benefits are not payable on or after the delimiting date.

DEP (DELAYED ENLISTMENT PROGRAM) A form of delayed entry that allows individuals to contract to go on active duty in the Armed Forces at a later date. The periods of time of the delayed entry onto active duty vary according to the specific program involved. For example, under DEP, the delayed entry onto active duty varies up to 270 days. In other programs, such as Reserve Officers' Training Corps (ROTC), the delay may be several years.

DEPENDENT Qualifying dependents for DVA benefits purposes are a veteran's spouse and child (natural child, adopted child, or stepchild). A veteran's mother or father may also be considered a dependent if dependent upon the veteran for support. (See pt IV; ch. 9.)

DISABLING EFFECTS OF CHRONIC ALCOHOLISM Alcohol-induced physical or mental disorders or both, such as habitual intoxication, withdrawal, delirium, amnesia, dementia, and other like manifestations of chronic alcoholism which have been medically diagnosed as manifestations of alcohol dependency or chronic alcohol abuse, and are determined to have prevented commencement or completion of the affected individual's chosen program of education. (See pt. III, par. 4.03.)

DISCHARGE (OR RELEASE) Dismissal or release from a period of service. (See 38 U.S.C. 101(18) for special circumstances which may be considered a discharge. See pt. III, ch. 3, for additional information for general claims processing and pt. V, ch. I, for additional information for chapter 30 processing.)

DLC (DATE OF LAST CERTIFICATION) The last date through which an eligible person's training has been verified. The DLC field on Target shows the day following the actual date of last certification. For example, the veteran's training has been verified through June 30; DLC on Target will show July 1.

DLP (DATE OF LAST PAYMENT) The last date through which payment has been issued based on a trainee's enrollment. The DLP field on Target shows the day

following the actual date of first payment. For example, the veteran has been paid through April 30; DLP on Target will show May 1.

DMDC (DEFENSE MANPOWER DATA CENTER) RECORD The DMDC record contains information from the serviceperson's military records. DVA accesses the DOD's (Department of Defense's) manpower database through computer interface between DMDC in Monterey, CA, and the Target system. This data is used for chapters 30 and 106 only.

DROP PERIOD (See part IV, par. 11.06.)

DROPPED PRIORS Award lines covering dates earlier than the current award period which have been dropped from the primary award screen due to lack of storage space. (See pt. IV, par. 13.19.)

DUAL ELIGIBILITY Entitlement to education benefits fewer than two or more programs administered by DVA. If an individual qualifies for educational assistance under two or more such programs, the total assistance available may not exceed an aggregate total of 48 months, or the equivalent in part-time benefits. A person having dual eligibility may not receive more than one benefit at a time. (See pt. IV, par. 3.01.)

DUPLICATION OF BENEFITS Concurrent payment of education benefits under more than one DVA program and concurrent payment of DVA education benefits and payment under certain other federal benefit programs. (See pt. IV, ch. 3, for full information.)

EARLY-OUT DISCHARGE A discharge before the completion of the obligated period of service; a factor in eligibility for chapters 30 and 32. (See pt. V, par. 9.03b(3), for chapter 30; pt. VI, par. 1.04, for chapter 32.)

EDUCATIONAL ASSISTANCE The monetary benefits received by a veteran or eligible person. This term is generally used interchangeably with the term "education benefits." However, under the Montgomery GI Bill -Active Duty, the term "educational assistance" means basic educational assistance, supplemental educational assistance, and all additional amounts payable, commonly called "kickers."

EDUCATIONAL INSTITUTION Any public or private elementary school, secondary school, vocational school, correspondence school, business school, junior college, teachers' college, college, normal school, professional school, university, or scientific or technical institution, or other institution furnishing education for adults. It also includes training establishments. (See definition of training establishment below. (See also 38 CFR 21.4200(a)(1).) Chapter 35 has a similar definition except that education furnished must be at least the secondary school level or above; includes institution which provide specialized vocational courses for the

mentally or physically handicapped generally recognized as on the secondary school level or above. Training establishments are also included. (See also 38 CFR 21.4200(a)(2) .)

ELR (EDUCATION LIAISON REPRESENTATIVE) The person at the DVA regional office responsible for the education liaison and program approval functions. The ELR is responsible for promptly informing State approving agencies, schools, and training establishments of changes in policies and procedures.

ENROLLMENT That state of being on the rolls or file of a school that contains the names of active trainees (See 38 CFR 21.4200(n).)

ENROLLMENT PERIOD An interval of time during which a veterans or eligible person is enrolled in an educational institution in pursuit of a program of education. (See pt. IV, par. 1.10.)

ENTITLEMENT The number of months the trainee is eligible for DVA education benefits. This is usually expressed in the numbers of months and days the trainee will be eligible for fulltime benefits, or the equivalent in part-time training, but also may be expressed in a dollar amount. Entitlement may vary depending on the education program the individual qualifies under. In no event will entitlement exceed 48 months under any combination of laws.

EQUIVALENT CLOCK HOURS Clock hours arrived at when a trainee takes any course creditable toward a standard college degree. DVA will determine the equivalent clock hours if a semester or quarter-hour course overlaps with a primary course-measured on a clock-hour basis. Using a formula, the credit hours are converted into equivalent clock hours. DVA treats equivalent clock hours as clock hours for measurement purposes. (See pt. IV, pars. 6.05.)

EQUIVALENT CREDIT HOURS Credit hours arrived at when a term is not a standard semester or quarter. DVA will determine the equivalent for full-time undergraduate training. Using a formula, the result is called equivalent credit hours. DVA treats equivalent credit hours as credit hours for measurement purposes. (See pt. IV, pars. 6.05.)

ESO (EDUCATION SERVICES OFFICER or-EDUCATION OFFICER A person assigned the responsibility for advising servicepersons of the educational opportunities available to active duty personnel. This includes civilian education services officers, military career counselors, and other employees of military education offices. (See pt. 111, par. 3.06.)

ESTABLISHED CHARGE The lesser. Of the charge for a correspondence course or courses determined on the basis of the lowest extended time payment plan offered by the educational institution and approved by the appropriate SAA, or the

actual cost to the veteran or eligible person.

ETS (EXPIRATION OF TERM OF SERVICE) A separation reason shown on DD Form 214. (For chapter 30 eligibility determinations, ETS is considered to be a type of COG discharge. (See pt. V, par. 3.06e (6).)

FACILITY CODE The numeric code assigned by VA to an institution specifically identifying it or one of its subdivisions.

FLIGHT TRAINING Training provided by an FAA (Federal Aviation Administration) approved school that leads to a vocational objective in the field of aviation or a standard college degree. (See pt. IV, ch. 2.)

GED (GENERAL EDUCATIONAL DEVELOPMENT) CERTIFICATE A certificate issued by a state-level department of education that is acceptable as the equivalent of a high school diploma. In addition, a DOD certificate of GED equivalency is acceptable evidence of completion of high school educational requirements.

GRADUATE RESIDENT TRAINING Graduate resident training is a course which is offered through regularly scheduled, conventional classroom or laboratory sessions, or consists of research necessary for the preparation of the trainee's master's thesis, doctoral dissertation, or a similar treatise which is a prerequisite to the degree being pursued. (See 38 CFR 21.4280(e).)

IADT (INITIAL ACTIVE DUTY FOR TRAINING) A military term referring to the period, generally 6 months in length of training for active duty; a factor for eligibility under chapter 106. IADT is required for people entering Selected Reserve. (See pt. VITI, par. 1.03.)

IHL (INSTITUTION OF HIGHER LEARNING) A college, university, technical, or business school offering postsecondary-level academic instruction that leads to an associate degree or higher degree if the school is empowered by the appropriate state education authority under state law to grant an associate degree or higher degree. (Foreign schools are considered IHL's if recognized as institutions of higher learning by the secretary of education, or comparable official, of the country where the school is located.) This designation also includes hospitals offering medical-dental internships or residencies without regard to whether the hospital grants a post-secondary degree. (See 38 CFR 21.4200(h)).

INDEPENDENT STUDY A course or subject leading to a standard college degree and consisting of a prescribed program of study with provision for interaction either by mail, telephone, or personally between the trainee and the regularly employed faculty of the university or college and is offered without any regularly scheduled, conventional classroom or laboratory sessions. (See 38 CFR 21.4280© and pt. IV, par.6.07.)

INTERDVAL PAYMENT Educational assistance benefits paid during the interDVALs between terms at a school or between terms when transferring from one school to another while remaining in the same program. Persons on active duty or training at the less than one-halftime rate in the preceding term are not entitled to interval payments (See pt. IV, ch. 8.)

KICKERS Amounts contributed by DOD to an education fund on behalf of participants to encourage enlistment or retention in the Armed Forces. These amounts are added to any other education benefits to which the person may be entitled. Generally, the kickers are applicable only to chapters 30 and 32 and to section 903.)

MATRICULATED TRAINEE A college or university trainee who has satisfied all prerequisites for formal admission and recognition by the institution as a degree-seeking trainee. This does not mean that an undergraduate trainee must have formally been accepted into a specific major curricular field of study before he or she may be classified as "matriculated." (See pt.IV, pars. 1.28-1.34, for procedures.)

MGIB (MONTGOMERY GI BILL) Refers to either the Montgomery GI Bill -Active Duty (chapter 30 of title 38, U.S. Code) or the Montgomery GI Bill – Selected Reserve (chapter 106 of title 10, U.S. Code).

MITIGATING CIRCUMSTANCES (See part JV, par. 11.07.)

NCD (NON-COLLEGE DEGREE) The designation "NCD" is used to refer to a course or program of education or vocational training that does not lead to a standard college degree.

NOBE (NOTICE OF BASIC ELIGIBILITY) A DD Form 2384, Selected Reserve Educational Assistance Program Notice of Basic Eligibility, which the Selected Reserve member obtains from his or her National Guard or reserve component verifying his or her eligibility to the Montgomery GI Bill -Selected Reserve. If available, this form should accompany the reservist's application for benefits. (See pt. VIII, par. 3.04.)

NOE (NOTICE OF EXCEPTION) System-generated messages that indicate such things as new information from DOD, award input errors, returned checks, or delinquent certifications.(See pt. II, ch. 8; pt.V, ch. 5; pt. VI, ch. 5; and pt. VITI, ch. 5.)

NONMATRICULATED TRAINEE A trainee who is enrolled in courses at an IHL, who either has not completed all prerequisites for admission into a degree program or does not choose to attain recognition as a degree-seeking trainee.(See pt.IV, pars. 1.28-1.34.)

NONPUNITIVE GRADE (See part IV, par. 11.06.)

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NONSTANDARD TERM A term in which is of a shorter or longer length (e.g., weeks and days) than a standard quarter or semester. (See *QUARTER SEMESTER*.)

NORMAL COMMUTING DISTANCE Two locations within 55 miles of each other. A branch, extension, or additional facility of a school located more than 55 miles from the school's main campus or parent facility may be considered within normal commuting distance only if school records show that, before the establishment of the additional teaching site, at least 20 trainees (or 5% of the enrollment, whichever is less) on the main campus or parent facility were regularly commuting from the area where the additional teaching site is located; or other comparable evidence clearly shows that trainees commute regularly between the two locations. (See 38 CFR 21.4200(m)).

OBJECTIVE The final educational, professional, or vocational goal of a veteran, serviceperson, or eligible person (e.g., degree, diploma, certificate, occupation). (See pt. ID, par.6.04.)

OJI (ON-THE-JOB TRAINING) Training given while on the job by an employer who agrees to retain the trainee in employment; considered a program of education for DVA benefit purposes.

OLAF (ON LINE APPROVAL FILE) Automated record of school approval information. (See pt. III, par.6.05.)

OPEN WINDOW PERIOD (See part V, par. 1.02h.)

PERSIAN GULF WAR The period beginning on August 2, 1990 and ending on the date to be prescribed by Presidential proclamation or by law. The term includes Somalia, Rwanda and similar humanitarian/police actions. (See 38 U.S.C. 101(33).)

PRIMARY INSTITUTION The institution that will confer or grant the current degree sought, or certify that the trainee has completed the program qualifying him or her for the current objective sought. (See pt. IV, par. 1.09.)

PRIOR CREDIT Credit previously earned and transferred which is creditable to the particular degree or other educational objective being pursued by the veterans or eligible person. (See pt. IV, par. 1.15.)

PROGRAM OF EDUCATION A combination of subjects, unit courses, or training activities pursued at a school or training establishment which is generally accepted as necessary to meet requirements for a predetermined educational, professional, or vocational objective (e.g., diploma, degree, certificate, occupation). (See pt. ID, par. 6.02.)

PUNITIVE GRADE (See part IV, par.11.06.)

PURSUIT OF A PROGRAM OF EDUCATION To work, while enrolled, toward the objective of a program of education. This work must be in accordance with approved institution policy and regulations and applicable criteria of 38 U.S.C.; must be

necessary to reach the program's objective; and must be accomplished through courses as shown in 38 CFR 21.4200(b)(3) .)

QUARTER A division of the ordinary school year , usually a period from 10 to 13 weeks long. (See 38 CFR 21.4200(b) (3)).

REFRESHER TRAINING Training in a course at the elementary or secondary level to review or update material previously covered in a course that has been satisfactorily completed. Under some education programs, the term also means training in a program of education in which the veteran is already qualified, provided that the program pursued is training to permit the veteran to update knowledge and skills and to be instructed in the technological advances which have occurred in the veteran's field of employment during the veteran's period of service. It may be used to update skills learned either during or before service but not for skills first acquired after discharge from service. Veterans pursuing "refresher training" are not limited to "refresher courses" at the elementary or secondary level. (See pt. III, pars. 7.17 and 7.18.)

REMEDIAL COURSE A course designed to overcome a deficiency at the elementary or secondary level in a particular area of study, or a handicap, such as in speech. (See 38 CFR 21.4200(t); and pt. ID, par . 7.16.)

REPORTING FEE A fee paid annually to each educational institution furnishing training under the various DVA education programs for required reports or certifications. This fee is intended to help defray the costs of processing various reports and certifications required to be submitted to DVA and are in lieu of any other compensation or reimbursement.

REPS (RESTORED ENTITLEMENT PROGRAM FOR SURVIVORS) A benefit that restores certain Social Security benefits that were reduced or terminated by the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35. Certain survivors of deceased veterans who died of service-connected causes incurred or aggravated before August 13, 1981, are eligible for benefits. (See pt. IV, pars. 6.07a (4), 6.IIb.)

RESEARCH IN ABSENTIA Research activity necessary for the preparation of the trainee's master's thesis, doctoral dissertation, or a similar thesis which is a prerequisite to the degree being pursued and is pursued outside a normal classroom setting. (See pt. IV, pars. 6.07a (4), 6.IIb.)

RESERVIST A member of the Selected Reserve who is eligible for educational assistance under 10 U.S.C., chapter 106. (See 38 CFR 21.7520(a) (I).) Also, a member of a military reserve component.

SAA (STATE APPROVING AGENCY) An agency appointed by the Chief Executive of a state to approve programs of education and training for payment of benefits under the various education program laws administered by DVA

SCS (STANDARD CLASS SESSION) The time an educational institution schedules for class each week in a regular quarter or semester for one quarter or one semester hour of credit. A standard class session is not less than 1 hour (or 50-minute period) of academic instruction, 2 hours (or two 50-minute periods) of laboratory instruction, or 3 hours (three 50-minute periods or 150 minutes) of workshop training. (See 38 CFR 21.4200(g)).

SCHOOL LIABILITY Liability assessed against a school because an overpayment was credited against a veterans or eligible person as a result of the willful or negligent failure of the school to report to DVA, the discontinuance or interruption of a course, or the willful or negligent false certification by an educational institution. (See pt. I, ch. 7.)

SCHOOL YEAR Generally, a period of 2 semesters or 3 quarters, which is not less than 30 or more than 39 weeks in total length. (See 38 CFR 21.4200(b) (I).)

SELECTED RESERVE The Selected Reserve of the Ready Reserve of any of the reserve components of the Armed Forces of the United States, including the Army Reserve, NaDVAI Reserve, Air Force Reserve, Marine Corps Reserve; Army National Guard and Air National Guard, and the Coast Guard Reserve. (See pt. VII, par. 1.01.)

SEMESTER A division of the ordinary school year, usually a period from 15 to 19 weeks long. (See 38 CFR 21.4200(b)(4) .)

SERVICEPERSON An individual who is currently serving on active duty. Same as "service member."

SPECIAL PAYMENT Expedited payments made when a delay in issuing payment has caused financial hardship for a trainee. (See pt. IV, ch. 10, pars. 10.18-10.20.)

STANDARD COLLEGE DEGREE An associate or higher degree awarded by an institution of higher learning that is accredited as a collegiate institution by a recognized regional or national accrediting agency or an IHL that is a candidate for accreditation, or an institution which is accredited by an agency recognized to accredit specialized degree-level programs. (See 38 CFR 21.4200(e).)

SUMMER SESSION A division of the summer term specifically designated in a school catalog as a distinct period of instruction. These sessions vary in length, and are often only 3 to 8 weeks long. (See 38 CFR 21.4200(b) (6)).

SUMMER TERM The whole of the period of instruction at a school which takes place between ordinary school years. A summer term may be divided into several sessions. (See 38 CFR 21.1200(b) (5)).

SUPPLEMENTAL EDUCATIONAL ASSISTANCE A benefit payable to a veteran or serviceperson as a supplement to his or her basic educational assistance for pursuit of a program of education under 38 U.S.C., chapter 30. (See pt. V, par. 1.12.)

SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE- CHAPTER 35 OF TITLE 38, U.S. CODE The benefits payable to eligible dependents and survivor of veterans. It is often abbreviated simply as DEA (Dependents' Educational Assistance).

TARGET DVA's main processing system for all awards and related actions. This system generates the payment information that is sent to the Treasury for producing the benefit checks. The Target System also contains the master record files for veterans and other beneficiaries.

TRAINING ESTABLISHMENT Any establishment providing apprenticed or other training on-the-job, including those under the supervision of a college or university or any state department of education, or any state apprenticeship agency, or any state board of vocational education, or any joint apprenticeship committee, or the Bureau of Apprenticeship and Training established in accordance with 29 U.S.C., chapter 4C, or any agency of the federal government authorized to supervise such training. (See 38 CFR 21.4200(c).)

TRAINING TIME Training time is full-time training or less that is determined by the number of credit or clock hours a trainee takes. The training time determines the monthly rate of payment. (See pt. IV, chs 6 and 7.)

TUTORIAL ASSISTANCE An allowance paid to eligible persons to supplement their monthly educational assistance. Tutorial assistance may be paid to eligible persons to aid them in defraying the expenses incurred by their need for tutoring.

TWO-YEAR RULE Restriction against enrollment of an individual in a course as a DVA beneficiary if the course has been in operation for less than 2 years. (See 38 CFR 21.4251 for additional information, including provisions for waiver of this rule.)

UNDERGRADUATE COLLEGE DEGREE A college or university degree obtained through the pursuit of unit subjects that are below the graduate level. Included are associate degrees, bachelor's degrees and first professional degrees. (See 38 CFR 21.4200(f).)

DVADS (VETERANS EDUCATIONAL ASSISTANCE PROGRAM) A letter-generating system that contains selected DD Form 214 information of discharged veterans. The information for the DVADS record comes from the DD Form 214 and is entered into the system at the Austin DPC. (For DVADS Indicator, see pt. III, pars. 3.07b, 3.16.)

DVAI (VETERANS ASSISTANCE INQUIRY) An inquiry regarding questioned amounts of DVA monetary benefits, or the non- receipt of such benefits after the anticipated claims processing time has elapsed .

VEAP (VETERANS' EDUCATIONAL ASSISTANCE PROGRAM) A contributory educational assistance program for Post-Vietnam Era veterans provided for under chapter 32 of title 38, U.S. Cod. (See pt. VI, ch. 1.)

VETERAN A person who served in the active military, naval, or air service. The definition in 38 U.S.C. 1.01(2) requires the person to be discharged or released from service under conditions other than dishonorable. There are different definitions for the term "veteran" throughout the regulations. For example, a veteran under chapter 32 of 38 U.S.C. is an individual who meets the service requirements for a veteran as defined in the 38 CFR 21.5040; and a veteran under chapter 30 of 38 U.S.C. is an individual who meets the service requirements for a veteran under 38 CFR 21.7042.)

